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| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------|
| United States Bankruptcy Court for the: | | |
| Northern District of: Illinois (State) | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | Chapter 11 | |
| | Chapter 12 | Check if this is an |
| | ✓ Chapter 13 | amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---|--|---|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | Sonya | |
| | First name | First name |
| Write the name that is on your government-issued | E | |
| picture identification (for | Middle name | Middle name |
| example, your driver's | Tabisz | |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you | | |
| have used in the last | First name | First name |
| 8 years | | |
| Include your married or | Middle name | Middle name |
| maiden names. | T. J. C. | |
| | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| . Only the last 4 digits of your Social | XXX - XX- 1121 | |
| Security number or federal Individual | OR | OR |
| Taxpayer Identification number | 9 xx - xx- | 9 xx - xx- |
| (ITIN) | | |

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| Debtor 1 Sonya First Name | E Middle Name | Tabisz Last Name | Case number (if known) |
|--|-------------------------|---|--|
| | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. Any business names and Employer | I have not used any | business names or EINs. | I have not used any business names or EINs. |
| Identification Numbers (EIN) you have used in the last | Business name | | Business name |
| 8 years Include trade names and | Business name | | Business name |
| doing business as names | EIN | | EIN |
| | EIN | | EIN |
| 5. Where you live | | | If Debtor 2 lives at a different address: |
| | Number Street | | Number Street |
| | Apt. 209 Chicago Illino | is 60622 | |
| | City State | | City State Zip Code |
| | Cook County | | County |
| | If your mailing address | s is different from the one ote that the court will send an ling address. | If Debtor 2's mailing address is different from yours, |
| | Number Street | | Number Street |
| | City S | State Zip Code | City State Zip Code |
| 6. Why you are | | Zip Gode | |
| choosing this district to file for bankruptcy | | ys before filing this petition, I h | ave Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | n. Explain. (See 28 U.S.C. §§ 1 | · · |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| De | ebtor 1 Sonya | E | Tabisz | | Case number (if known | own) | _ |
|-----|---|--|--|---|--|--|---|
| | First Name | Middle Nam | ie Last Name | | | | |
| Pa | Tell the Court Abo | ut Your Bankrup | tcy Case | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | brief description of each B2010)). Also, go to the | | | | ndividuals Filing for |
| 8. | How you will pay the fee | more details a cashier's chemay pay with I need to pay Individuals to I request that judge may, but the official poyou choose the | about how you may pay ck, or money order. If y a credit card or check the fee in installment o Pay Your Filing Fee in the transfer be waived (Y ut is not required to, wa overty line that applies | y. Typically, if your attorney is swith a pre-printents. If you choose in Installments (Courant request aive your fee, and to your family sill out the Application. | ou are paying the submitting your ed address. e this option, significial Form 103 this option only and may do so on tize and you are to | e fee yourself, payment on y gn and attach the BA). If you are filingly if your incommonable to pay incom | ice in your local court for you may pay with cash, our behalf, your attorney the Application for ng for Chapter 7. By law, a me is less than 150% of the fee in installments). If filing Fee Waived (Official |
| 9. | Have you filed for bankruptcy within the last 8 years? | No. ✓ Yes. District District District | Northern District of Illinoi Northern District of Illinoi | | 4/30/2014 MM / DD / YYYY 12/31/2010 MM / DD / YYYY MM / DD / YYYYY | Case number Case number Case number | 14-16526 10-57817 |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No. Yes. Debtor District Debtor District | | When When | MM / DD / YYYY | Relationship to Case number, Relationship to Case number, | if known |
| 11. | Do you rent your residence? | ✓ No. | e 12. r landlord obtained an ev Go to line 12. Fill out <i>Initial Statement i</i> this bankruptcy petition. | About an Eviction | | <i>st You</i> (Form 10 | 1A) and file it with |

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Tabisz Debtor 1 Sonya Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have Ⅵ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Sonya Tabisz Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Sonya First Name | E Middle Name | Tabisz Cas Last Name | e number (if known) |
|---|---|---|---|
| | estions for Reporting Purpose | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily | consumer debts? Consural primarily for a personal, fair business debts? Business debts? Business debts? Business debts? | mer debts are defined in 11 U.S.C. § 101(8) as mily, or household purpose." It debts are debts that you incurred to obtain peration of the business or investment. Her debts or business debts. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that No. | | any exempt property is excluded and administrative oute to unsecured creditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$ | 0 million |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 \$10,000,001-\$5 \$50,000,001-\$1 \$100,000,001-\$ | 0 million |
| Part 7: Sign Below | | | |
| For you | correct. If I have chosen to file under C of title 11, United States Code under Chapter 7. If no attorney represents me arout this document, I have obta I request relief in accordance w I understand making a false sta | hapter 7, I am aware that I m. I understand the relief availand I did not pay or agree to pined and read the notice requith the chapter of title 11, Unatement, concealing properticase can result in fines up to | nited States Code, specified in this petition. y, or obtaining money or property by fraud in o \$250,000, or imprisonment for up to 20 years, or |
| | Signature of Debtor 1 | | Signature of Debtor 2 |
| | Executed on 9/7/2018 MM / D | D/YYYY | Executed on |

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| Debtor 1 Sonya | E | Tabisz | Case number (| if known) |
|--|----------------------------|-----------------------|-----------------------------|--|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, Unite | have informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § | 342(b) and, in a case in | which § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge after | an inquiry that the | information in the sche | dules filed with the petition is incorrect. |
| attorney, you do not | · · | . , | | · |
| need to file this page. | /s/ Jeremy Nevel | | Date | 9/7/2018 |
| | Signature of Attorney f | or Debtor | - | MM / DD / YYYY |
| | , | | | |
| | | | | |
| | Jeremy Nevel | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 20 S. Clark Street | | | |
| | Street | | | |
| | 28th Floor | | | |
| | 201111001 | | | |
| | Chicago | | Illinois | 60603 |
| | City | | State | Zip Code |
| | | | | |
| | Contact phone | 3124473707 | Email address | jnevel@semradlaw.com |
| | | | | |
| | | | Illino | is |
| | Bar number | | State | |

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| Fill in this infor | mation to identify your c | ase: | |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1 | Sonya | E | Tabisz |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | | | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$8,221.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$8,221.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$13,088.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | 410,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$29,263.40 |
| Your total liabilities | \$42,351.40 |
| | |
| Part 3: Summarize Your Income and Expenses | |
| Part 3: Summarize Your Income and Expenses | |
| | \$3,075.69 |
| I. Schedule I: Your Income (Official Form 106I) | \$3,075.69 |

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| Deb | otor 1 Sonya | Е | Tabisz | Case number (if known) | | | | | | |
|-------------|-----------------------------|--|---|---|--------------|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | | | | |
| Part | 4: Answer These Qu | estions for Administrat | tive and Statistical Records | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 6. A | re you filing for bankrupt | cy under Chapters 7, 11, o | r 13? | | | | | | | |
| | No. You have nothing t | o report on this part of the fo | orm. Check this box and submit th | nis form to the court with your other sc | hedules. | | | | | |
| | ✓ Yes. | | | | | | | | | |
| 7. W | What kind of debt do you h | ave? | | | | | | | | |
| [| | | umer debts are those incurred by a Fill out lines 8-10 for statistical pur | an individual primarily for a personal, poses. 28 U.S.C. § 159. | | | | | | |
| | | marily consumer debts. You ith your other schedules. | ou have nothing to report on this p | part of the form. Check this box and su | ıbmit | | | | | |
| | | our Current Monthly Incom Form 122B Line 11; OR, Fo | e: Copy your total current monthlorm 122C-1 Line 14. | ly income from Official | \$3,495.26 | | | | | |
| 9. | Copy the following spec | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | | | | | | | | |
| | From Part 4 on Schedule | e E/F, copy the following: | | Total claim | | | | | | |
| | 9a. Domestic support obli | gations (Copy line 6a.) | | \$0.00 | | | | | | |
| | 9b. Taxes and certain other | er debts you owe the govern | ment. (Copy line 6b.) | \$0.00 | | | | | | |
| | 9c. Claims for death or pe | \$0.00 | | | | | | | | |
| | 9d. Student loans. (Copy | line 6f.) | \$0.00 | | | | | | | |
| | 9e. Obligations arising out | | or divorce that you did not report a | \$0.00 | _ | | | | | |
| | 9f. Debts to pension or pr | ofit-sharing plans, and other | \$0.00 | | | | | | | |
| | | | | | | | | | | |

\$0.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this | s information to identify your | 2000: | | J | | | |
|------------------------------------|--|---|--------------------------------------|---|---|---|---|
| | simormation to identity your | | | | | | |
| Debtor 1 | Sonya First Name | E Middle Na | am e | Tabisz Last Name | | | |
| Debtor 2 | riistivanio | Wildle No | anio | East Name | | | |
| (Spouse, if f | First Name | Middle Na | ame | Last Name | | | |
| United St | ates Bankruptcy Court for the: | Northern | | District of Illinois | | | |
| Case nun | nher | | | (State) | | | |
| (If known) | | | | | | | |
| Officia | al Form 106A/B | | | | | | Check if this is an amended filing |
| | | >rtv | | | | | Ŭ |
| | dule A/B: Prope | | | | | | 12/ |
| category responsib write you | where you think it fits best. le for supplying correct info r name and case number (if | Be as complete an rmation. If more sp known). Answer ev | nd accura pace is ne very ques | et only once. If an asset fits in more ite as possible. If two married peop seded, attach a separate sheet to t tion. her Real Estate You Own or Ha | le are filing his form. C | g together, both a on the top of any a | re equally |
| 1. Do you | u own or have any legal or e | quitable interest in | n any res | idence, building, land, or similar pr | operty? | | |
| ✓ | No. Go to Part 2 | | | | | | |
| | Yes. Where is the property? | | | | | | |
| | | | What is | the property? Check all that apply. | | | claims or exemptions. Put |
| 1.1 | Street address, if available, or | other description | _ ~ | le-family home | the amount of any secured claims on Schedule a Creditors Who Have Claims Secured by Property | | |
| | | | ш . | ex or multi-unit building dominium or cooperative | Curr | ent value of the | Current value of the |
| | | | \blacksquare | ufactured or mobile home | entir | e property? | portion you own? |
| | | | Land | | | | |
| | Number Street | | Inve | stment property | | cribe the nature o | f your ownership simple, tenancy by |
| | City State | Zip Code | Time | share er | | | e estate), if known. |
| | Oily State | Zip Code | | | | Check if this is co | mmunity property |
| | | | Who has one. | s an interest in the property? Check | · (| (see instructions) | |
| | | | Debt | or 1 only | ш | | |
| | | | Debt | or 2 only | | | |
| | | | \blacksquare | or 1 and Debtor 2 only | | | |
| | | | At lea | ast one of the debtors and another | | | |
| | | | | formation you wish to add about the identification number: | is item, su | ch as local | |
| If you | own or have more than one, | list here: | рторотт | <u>-</u> | | | |
| | | | What is | the property? Check all that apply. | | | claims or exemptions. Put |
| 1.2 | Street address, if available, or | other description | _ ~ | e-family home | | | red claims on Schedule D: ims Secured by Property. |
| | | · | | ex or multi-unit building | Curr | ent value of the | Current value of the |
| | | _ | \blacksquare | dominium or cooperative ufactured or mobile home | entir | e property? | portion you own? |
| | | | Land | | | | |
| | Number Street | | Inve | stment property | | ribe the nature o | f your ownership simple, tenancy by |
| | City State | Zip Code | Time | share er | | | e estate), if known. |
| | Oity State | Zip Code | | · | _ | Chaolait thio io ao | |
| | | | Who has | an interest in the property? Check | | (see instructions) | mmunity property |
| | | | one. | | | | |
| | | | | or 1 only or 2 only | | | |
| | | | | or 2 only or 1 and Debtor 2 only | | | |
| | | | \blacksquare | ast one of the debtors and another | | | |
| | | | Other in | formation you wish to add about th | is item, su | ch as local | |
| | | | | identification number: | • | | |

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| Debtor 1 | | E Middle Name | Tabisz | Case numbe | er (if known) | | |
|-------------|---|-----------------------------------|---|-----------------|---|--|--|
| | First Name | Middle Name | Last Name | | | | |
| 1.3 Stre | et address, if available, or oth | | What is the property? Check all that a Single-family home Duplex or multi-unit building | apply. | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. Current value of the | |
| N | ok an Otwart | [[| Condominium or cooperative Manufactured or mobile home Land | | entire property? | portion you own? | |
| City | nber Street State | Investment property Timeshare | | | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. | | |
| Oity | State | | Other Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and and Other information you wish to add a | other | (see instructions) | mmunity property | |
| | the dollar value of the por ve attached for Part 1. Wr | • | all of your entries from Part 1, incluere. | ding any entrie | s for pages | | |
| Do you ow | | equitable interest | in any vehicles, whether they are | - | - | | |
| ľ | ns, trucks, tractors, sport uti | | also report it on Schedule G: Executor | y Contracts and | Unexpired Leases. | | |
| 3.1 | Make Model: Year: Approximate mileage: | Jeep Liberty 2007 121000 | Who has an interest in the propone. Debtor 1 only | erty? Check | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. | |
| | Other information: | 121000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this is community | | Current value of the entire property? \$5645.00 | Current value of the portion you own? \$5645.00 | |
| | | | instructions) | | | | |
| 3.2 | Make Model: Year: | | Who has an interest in the propone. Debtor 1 only | erty? Check | the amount of any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims <i>Secured by Property.</i> | |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an | d another | Current value of the entire property? | Current value of the portion you own? | |
| | | | Check if this is community instructions) | | | | |

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| Debtor 1 | Sonya First Name | E Middle Name | Tabisz Last Name | Case numbe | r (if known) | |
|----------|--|------------------|--|---|------------------------|---|
| 3.3 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in thone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this is comminstructions) | only ors and another | the amount of any secu | claims or exemptions. Put used claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| 3.4 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in thone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 | | the amount of any secu | claims or exemptions. Put ared claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | ercraft, aircraft, motor hornples: Boats, trailers, motors | | At least one of the debt Check if this is comm instructions) recreational vehicles, oth | ors and another unity property (see er vehicles, and acce | | <u> </u> |
| 4.1 | Yes Make Model: Year: Approximate mileage: Other information: | | Who has an interest in thone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this is comminstructions) | only ors and another | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: nims Secured by Property. Current value of the portion you own? |
| 4.2 | Make Model: Year: Approximate mileage: Other information: | | Who has an interest in thone. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the debt Check if this is comminstructions) | only ors and another | the amount of any secu | claims or exemptions. Put used claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | the dollar value of the por | - | - | | | 645.00 |

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Debtor 1 Sonya Tabisz Case number (if known) First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Financed Furniture (1 bedroom set, 1 couch) \$1000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Used Electronics (2 tvs, 1 computer, 1 cell phone) \$800.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, aold, silver No Yes. Describe... Costume Jewelry (1 ring, earrings) \$60.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2460.00 for Part 3. Write that number here

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Tabisz Debtor 1 Sonya Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition Yes \$60.00 Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: 17.1. Checking account: USAA \$56.00 17.2. Checking account: 17.3. Savings account: \$0.00 USAA 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Debt | tor 1 Sonya | E | Tabisz | Case number (if known) | |
|------|---|--|-------------------------------|---|----------|
| | First Name | Middle Name | Last Name | | |
| 20. | Negotiable instruments i | orate bonds and other negotion include personal checks, cashier ents are those you cannot transf | s' checks, promissory no | tes, and money orders. | |
| | ✓ No Yes. Give specific information about them | Issuer name: | | | |
| | | | | | |
| 21. | | | b), thrift savings accounts | s, or other pension or profit-sharing plans | |
| | ✓ No Yes. List each | Type of account: | Institution name: | | |
| | account | 401(k) or similar plan: | | | |
| | separately. | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | | | |
| 22. | | prepayments I deposits you have made so the with landlords, prepaid rent, pub | | | |
| | Yes | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo | or a periodic payment of money | to you, either for life or fo | r a number of years) | |
| | ✓ No Yes | Issuer name and description: | | | |
| | | | | | |
| | | - | | | |
| | | - | | | <u> </u> |

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| Debto | or 1 Sonya | E Middle Nove | Tabisz | Case number (if known) | |
|-------|--|--|---------------------------------------|--|--|
| 0.4 | First Name | Middle Name | Last Name | | |
| 24. | | 30(b)(1), 529A(b), and 529(b)(1). | qualified ABLE program, or ui | nder a qualified state tuition program. | |
| | Ves | Institution name and description. Sepa | arately file the records of any inte | rests.11 U.S.C. § 521(c): | |
| | | | | | |
| 25. | | ble or future interests in property (| other than anything listed in li | ne 1), and rights or powers | |
| | exercisable fo | r your benefit | | | |
| | Yes. Descr | ibe | | | |
| 26. | | rights, trademarks, trade secrets, a met domain names, websites, proceed | | | |
| | ✓ No Yes. Descr | ibe | | | |
| 0.7 | | | | | |
| 27. | Examples: Buil | chises, and other general intangible ding permits, exclusive licenses, coope | | or licenses, professional licenses | |
| | ✓ No | | | | |
| | Yes. Descr | ibe | | | |
| | | | | | |
| | | L | | | |
| Mon | ey or proper | ty owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ey or proper Tax refunds ow | | | | portion you own? Do not deduct secured |
| | Tax refunds ow | | | | portion you own? Do not deduct secured |
| | Tax refunds ow ✓ No | | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds ow ✓ No Yes. Give s about you a | pecific information them, including whether lready filed the returns | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds ow ✓ No Yes. Give s about you a and th | pecific information them, including whether lready filed the returns ne tax years | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds ow ✓ No Yes. Give s about you a and th | pecific information them, including whether lready filed the returns ne tax years | ipport, child support, maintenan | State: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | pport, child support, maintenan | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | pport, child support, maintenan | State: Local: ce, divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | pport, child support, maintenan | State: Local: ce, divorce settlement, property settlemen Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past | pecific information them, including whether lready filed the returns ne tax years | pport, child support, maintenan | State: Local: ce, divorce settlement, property settlemen Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds ow ✓ No Yes. Give s about you a and th Family support Examples: Past ✓ No Yes. Give s | pecific information them, including whether lready filed the returns ne tax years | apport, child support, maintenan | State: Local: De, divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past No Yes. Give s Other amounts Examples: Unpa | pecific information them, including whether lready filed the returns ne tax years | its, disability benefits, sick pay, v | State: Local: Dee, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds ow No Yes. Give s about you a and th Family support Examples: Past No Yes. Give s Other amounts Examples: Unpa | pecific information I them, including whether Iready filed the returns The tax years | its, disability benefits, sick pay, v | State: Local: Dee, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds ow No Yes. Give s about you a and ti Family support Examples: Past No Yes. Give s Other amounts Examples: Unpa | pecific information them, including whether dready filed the returns he tax years | its, disability benefits, sick pay, v | State: Local: Dee, divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Sonya | E | Tabisz | Case number (if known) | |
|------|---|----------------------------|--|--|--------------------------------------|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance Examples: Health, disab | | h savings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | Yes. Name the insure of each policy and | ırance company | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | | rty that is due you from s | | , or are currently entitled to receive | |
| | property because some | | ossocia nom a me mediance pone, | , or allo carrottaly criticion to receive | |
| | Yes. Describe | | | | |
| 33. | | | ou have filed a lawsuit or made a ance claims, or rights to sue | a demand for payment | |
| | No Yes. Describe | | | | |
| 34. | Other contingent and to set off claims | unliquidated claims of e | every nature, including counterc | laims of the debtor and rights | |
| | ✓ No Yes. Describe | | | | |
| 35. | Any financial assets y | ou did not already list | | | |
| | Yes. Describe | | | | |
| 36. | | • | Part 4, including any entries fo | | \$116.00 |
| | | | | | |
| Part | _ | _ | | terest In. List any real estate in Part 1 | |
| 37. | Do you own or have a | ny legal or equitable inte | erest in any business-related pro | | |
| | No. Go to Part 6. | | | | rrent value of the rtion you own? |
| | Yes. Go to line 38. | | | | not deduct secured claims exemptions |
| 38. | Accounts receivable | or commissions you alrea | ady earned | | |
| | ✓ No Yes. Describe | | | | |
| 39. | Office equipment, furn Examples: Business-rela | | modems, printers, copiers, fax ma | chines, rugs, telephones, desks, chairs, electro | nic devices |
| | No Yes. Describe | | | | |
| | | | | | |

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| Deb | tor 1 Sonya | E Mistalla Nama | Tabisz | Case number (if known) | |
|-------|-------------------------|------------------------------------|--|---------------------------------|---------------------------------------|
| 40. | First Name | Middle Name | Last Name se in business, and tools of yo | our trade | |
| 40. | | equipment, supplies you u | se in business, and tools of ye | u trade | |
| | ✓ No Yes. Describe | | | | |
| | Too. Describe | | | | |
| | | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 42. | Interests in partnersh | nips or joint ventures | | | |
| | ✓ No | _ | | | |
| | Yes. Give specific | N | lame of entity: | % of ownership: | |
| | information about them | _ | | | |
| | uioiii | _ | | | |
| | | | | | |
| 43. | Customer lists, mailing | g lists, or other compilatio | ns | | |
| | ✓ No | | | | |
| | | include personally identifiable | e information (as defined in 11 l | J.S.C. § 101(41A))? | |
| | — □ No | | | | |
| | Yes. Desc | cribe | | | |
| | ☐ .se. 5es. | | | | |
| 44. | Any business-related | property you did not alrea | ady list | | |
| | ✓ No | | | | |
| | Yes. Give specific | - | | | |
| | information | _ | | | |
| | | _ | | | |
| | | - | | | |
| | | _ | | | |
| | | | | | |
| | | _ | | | |
| | | | rt 5, including any entries for | pages you have attached | |
| for P | art 5. Write that numb | er here | | | |
| Pari | | | | You Own or Have an Interest In. | |
| | If you own or have ar | n interest in farmland, list it in | Part 1. | | |
| 46. | Do you own or have a | any legal or equitable inte | rest in any farm- or commerc | ial fishing-related property? | |
| | No. Go to Part 7. | | | | Current value of the portion you own? |
| | Yes. Go to line 47 | | | | Do not deduct secured claims |
| 47 | Farm animals | | | | or exemptions |
| 71. | | oultry, farm-raised fish | | | |
| | √ No | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| 1 | | | | | |

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| Debt | or 1 Sonya First Name | | Tabisz (| Case number (if known) | |
|--------------|----------------------------|---|---------------------------|------------------------------|-------------|
| 48. | Crops-either growing | | | | |
| | √ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 49. | Farm and fishing equip | pment, implements, machinery, fixture | es, and tools of trade | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 50. | Farm and fishing sunn | lies, chemicals, and feed | | | |
| 00. | No No | mes, one mouns, and reed | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 51. | Any farm- and comme | rcial fishing-related property you did | not already list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | - | | | | |
| | | II of your entries from Part 6, includin | | | |
| > | ir o. write that humbe | i liere | | | |
| | | | | | |
| Part 7 | Describe All Pro | pperty You Own or Have an Intere | est in That You Did Not l | List Above | |
| | Do you have other pro | perty of any kind you did not already l | | | |
| | | ts, country club membership | | | |
| | ✓ No Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| 54. Ad | dd the dollar value of a | II of your entries from Part 7. Write th | at number here | | • |
| | au tilo uollai valuo ol a | ii oi your oiliinoo ii oili i urt ii tiinto tii | | | |
| | | | | | |
| | | | | | |
| . | listable Tetale et | f Facili Davit of this Favor | | | |
| Part 8 | List the Totals of | f Each Part of this Form | | | |
| 55. F | Part 1: Total real estate | e, line 2 | | | |
| 56. p | oart 2 total vehicles, lin | ne 5 | \$5645.00 | | |
| 57. P | art 3: Total personal ar | nd household items, line 15 | \$2460.00 | | |
| 58. P | art 4: Total financial as | ssets, line 36 | \$116.00 | | |
| 59. F | Part 5: Total business-r | elated property, line 45 | <u> </u> | | |
| 60. F | Part 6: Total farm- and | fishing-related property, line 52 | | | |
| 61. F | Part 7: Total other prop | erty not listed, line 54 | | | |
| 62. T | Total personal property | Add lines 56 through 61. | \$8221.00 | | + \$8221.00 |
| | | | | Copy personal property total | |
| | | | | | \$8221.00 |
| 63. T | otal of all property on S | Schedule A/B. Add line 55 + line 62 | | | |

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| Debtor 1 | Sonya | E | Tabisz | Case number (if known) | |
|----------|------------|-------------|------------|---------------------------------------|--|
| | First Name | Middle Name | Look Marco | · · · · · · · · · · · · · · · · · · · | |

Schedule A/B: Property. Additional page

| Part 3: Describe Your Personal and Household Items | | | | | | |
|--|---|--|--|--|--|--|
| Do you own or ha | ve any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | |
| 6.2. Household good | ds and furnishings | | | | | |
| No Yes. Describe | Used Furniture (1 twin bed, 1 toddler bed) | \$400.00 | | | | |

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| Fill in this infor | mation to identify your c | ase: | | |
|---------------------------|---------------------------|-------------|------------------------------|--|
| Debtor 1 | Sonya | Е | Tabisz | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Sankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | . , | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ne only, even if your spo | , | | | | | | |
|--|---|---|--|--|--|--|--|
| cy exemptions. 11 U.S | s.C. § 522(b)(3) | | | | | | |
| § 522(b)(2) | | | | | | | |
| For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | |
| n you | the exemption you claim one box for each exemption. | Specific laws that allow exemption | | | | | |
| alue from VB | | | | | | | |
| .00 | \$0 | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) | | | | | |
| | of fair market value, up to any able statutory limit | | | | | | |
| | | 735 ILCS 5/12-1001(b) | | | | | |
| 00 | \$56.00 | | | | | | |
| 100% | of fair market value, up to any | _ | | | | | |
| applica | able statutory limit | | | | | | |
| | or after the date of adjustment.) ays before you filed this case? | | | | | | |
|) | emption within 1,215 da | emption within 1,215 days before you filed this case? | | | | | |

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Tabisz Debtor 1 Sonya Ε Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$0.00 description: **✓** \$0 Savings account, USAA 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 17 735 ILCS 5/12-1001(b) \$60.00 description: **✓** \$60.00 Cash on Hand 100% of fair market value, up to any Line from applicable statutory limit 16 Schedule A/B: Brief 735 ILCS 5/12-1001(a) \$200.00 description: \checkmark \$200.00 **Used Clothing** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 11 Brief 735 ILCS 5/12-1001(b) \$1,000.00 description: \$0 Financed Furniture (1 100% of fair market value, up to any bedroom set, 1 couch) applicable statutory limit Line from Schedule A/B: 06 735 ILCS 5/12-1001(b) Brief \$400.00 description: \$400.00 Used Furniture (1 twin 100% of fair market value, up to any bed, 1 toddler bed) applicable statutory limit Line from Schedule A/B: 06 Brief 735 ILCS 5/12-1001(b) \$800.00 description: Used Electronics (2 tvs. 100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

\$60.00

100% of fair market value, up to any

\$60.00

 $\overline{}$

1 computer, 1 cell

Costume Jewelry (1 ring,

12

phone)

Line from Schedule A/B:

description:

Line from Schedule A/B:

earrings)

Brief

735 ILCS 5/12-1001(b)

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| Fill in | this information to identify your of | case: | | I | | |
|------------------|--|---|---|------------------------|----------------------|-----------------------------------|
| | | | | | | |
| Debto | or 1 <u>Sonya</u> First Name | E Middle Name | Tabisz Last Name | | | |
| Dobte | | Middle Name | Last Name | | | |
| Debto (Spous | ee, if filing) First Name | Middle Name | Last Name | | | |
| United | d States Bankruptcy Court for the: | Northern | District of Illinois | | | |
| Case (If knov | number vn) | | (State) | | | |
| <u> </u> | icial Form 106D | | | J | | Check if this is a amended filing |
| | | tors Who Hay | e Claims Secure | ed by Pron | ertv | 12/1 |
| | | | | | | |
| | | | are filing together, both are equaler the entries, and attach it to t | | | |
| | and case number (if known). | ionai i ago, iii it oat, iiaiii | sor the entries, and attach it to t | ino tornii on the top | or any additional pa | goo, wiito you. |
| 1. I | Do any creditors have claims | secured by your property | ı? | | | |
| | • | | ith your other schedules. You hav | ve nothing else to ren | ort on this form | |
| ļ | | | iai your ourer soriedules. Tou flav | c nouning else to rep | ort Orrans IOIII. | |
| | Yes. Fill in all of the informati | on below. | | | | |
| Part | 1: List All Secured Claims | | | | | |
| 2. | List all secured claims. If a cre | ditor has more than one secu | red claim, list the creditor | Column A | Column B | Column C |
| | | | cular claim, list the other creditors | Amount of claim | Value of | Unsecured |
| | in Part 2. As much as possible, li | st the claims in alphabetical o | rder according to the creditor's | Do not deduct the | collateral | portion |
| | name. | | | value of collateral. | that supports | If any |
| [] | Prosting Figure in Commisse Inc. | | | 40.047.00 | this claim | 40.070.00 |
| 2.1 | Prestige Financial Services, Inc Creditor's Name | Describe the property t | that secures the claim: | \$9,617.00 | \$5,645.00 | \$3,972.00 |
| | 1420 S 500 W | 2007 Jeep Liberty | | | | |
| | Number Street | | the claim is: Check all that apply. | | | |
| | | _ Contingent | | | | |
| | SALT LAKE CITY UT 84115 | Unliquidated | | | | |
| | City State ZIP Code Who owes the debt? Check one | I I Disputed | | | | |
| | Debtor 1 only | Nature of lien. Check all | that apply. | | | |
| | Debtor 2 only | _ | nade (such as mortgage or secured | | | |
| | Debtor 1 and Debtor 2 only | car loan) | rade (such as mortgage of secured | | | |
| | | Statutory lien (such a | as tax lien, mechanic's lien) | | | |
| | At least one of the debtors and another | Judgment lien from | a lawsuit | | | |
| | Check if this claim relates | Other (including a rig | ht to offset) | | | |
| | to a community debt | Out of (intolucing a rig | , | | | |
| | Date debt was 11/2013 incurred | Last 4 digits of accoun | t number6788 | | | |
| 2.2 | Rent-A-Center | | | \$3,471.00 | \$1,000.00 | \$2,471.00 |
| <u> </u> | Creditor's Name | | that secures the claim: | Ψ0,171.00 | Ψ1,000.00 | φ <u>ε, π. 1.00</u> |
| | 3039 N Pulaski Rd Number Street | Financed Furniture (1 be \$1,000.00 | droom set, 1 couch) Value: | | | |
| | Number Street | · · · | the claim is: Check all that apply. | | | |
| | | Contingent | | | | |
| | Chicago IL 60641 City State ZIP Code | Unliquidated | | | | |
| | Who owes the debt? Check one | | | | | |
| | ✓ Debtor 1 only | ш . | | | | |
| | Debtor 2 only | Nature of lien. Check all | that apply. | | | |
| | Debtor 1 and Debtor 2 only | An agreement you m car loan) | nade (such as mortgage or secured | | | |
| | At least one of the debtors and another | | as tax lien, mechanic's lien) | | | |
| | Check if this claim relates | Judgment lien from | a lawsuit | | | |
| | to a community debt | Other (including a rig | ht to offset) | | | |
| | Date debt was | | | | | |
| | | Last 4 digits of accoun | | 1 | | |
| | Add the dollar value o here: | f your entries in Column A | on this page. Write that number | \$13,088.00 | | |

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| Fill | in this infor | mation to identify your c | ase: | | | | | |
|-----------------------|--|---|---|--|---|---|--|---|
| | otor 1 | Sonya | E E | Tabisz | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| Deb | otor 2 | | | | | | | |
| (Spo | use, if filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ted States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | | | |
| Cas (If kn | e number | | | | | | | |
| | | orm 106E/F | | | | Che | eck if this is ar | n amended filing |
| | | | -114 A/I | | | | | |
| 50 | cneal | lie E/F: Gre | editors wno | Have Unsec | cured Claims | | | 12/15 |
| othe Forn clair | r party to a n 106A/B) a ns that are entries in t | any executory contracts and on Schedule G: Exe listed in Schedule D: C | s or unexpired leases that cutory Contracts and Une Creditors Who Hold Claims | could result in a claim. xpired Leases (Official F Secured by Property. If | s and Part 2 for creditors wit Also list executory contracts orm 106G). Do not include a more space is needed, copy op of any additional pages, v | on <i>Sched</i> ny credito the Part y | ule A/B: Prop rs with partia ou need, fill i | perty (Official ally secured it out, number |
| Par | t 1: List | All of Your PRIORITY | Y Unsecured Claims | | | | | |
| 1. | Do any cr | editors have priority un | secured claims against ye | ou? | | | | |
| | √ No. 0 | Go to Part 2. | | | | | | |
| | Yes. | | | | | | | |
| 2. | listed, ider As much a Continuat | ntify what type of claim it as possible, list the claims ion Page of Part 1. If mor | is. If a claim has both priority | y and nonpriority amounts ling to the creditor's name particular claim, list the oth | | both priorit | y and nonprio | rity amounts. |
| | , | , | , | | , | Total | Driority | Nonnriority |

claim

amount

amount

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| Debtor 1 | | E Madella Name | Tabisz | Case number (if known) | | | | | |
|--|---|---------------------------------------|-----------|--|--|--|--|--|--|
| Part 2: | First Name | Middle Name RITY Unsecured Cl | Last Name | | | | | | |
| 3. Do : | No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. | | | | | | | | |
| Pag | e of Part 2. | | | | Takal alaim | | | | |
| N 4 | Advance America Nonpriority Creditor's Name 446 N Mannheim Rd Number Street | | | 4 digits of account number n was the debt incurred? f the date you file, the claim is: Check all that apply. | **Total claim** **1,509.23** **Total claim** * | | | | |
| | illside Illinois ity State /ho incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset? No Yes | Zip Codi ne. d another | Type | Contingent Unliquidated Disputed of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or diverce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Payday Loan | | | | | |
| BIC W | mericash - Bankruptcy conpriority Creditor's Name lkt Square Shop Ctr 180 S Boling umber Street Olingbrook Illinois | 60440 Zip Code ne. d another | Whe As o | 4 digits of account number | \$511.08 | | | | |
| N 21 N D C C C C C C C C C C C C C C C C C C | ULLCITY FINANCIAL SOL conpriority Creditor's Name 609 N DUKE ST #500 umber Street urham North of State ity State The incurred the debt? Check of Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim relates to the claim subject to offset? No | d another | Whe As o | 4 digits of account number 2172 n was the debt incurred? 2/2016 f the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | \$23.00 | | | | |

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Debtor 1 Sonya E Tabisz Case number (if known)
First Name Middle Name Last Name

Port 2: Vour NONPRIORITY Unsecured Claims - Continuation Page

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation | n Page | | |
|--------|---|--|-------------|--|
| | After listing any entries on this page, number them beginning w | ith 4.5, followed by 4.6, and so forth. | Total claim | |
| 4.4 | CAPITALONE Nonpriority Creditor's Name PO BOX 30253 Number Street | Last 4 digits of account number 3524 When was the debt incurred? 11/2015 As of the date you file, the claim is: Check all that apply. | \$526.00 | |
| | SALT LAKE CITY Utah 84130 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify CreditCard | | |
| 4.5 | CAPITALONE Nonpriority Creditor's Name PO BOX 30253 Number Street SALT LAKE CITY Utah 84130 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? No Yes | Last 4 digits of account number 2983 When was the debt incurred? 11/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CreditCard | \$503.00 | |
| 4.6 | CEPAMERICA ILLINOIS LLP Nonpriority Creditor's Name PO BOX 582663 Number Street Modesto California 96358 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt | - Last 4 digits of account number When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Past Due Medical Bills | \$268.00 | |
| | Is the claim subject to offset? No Yes | Other. Specify Past Due Medical Bills | | |

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| 4.7 | check into Cash | | \$490.87 |
|-----|---|---|------------|
| 4.7 | Nonpriority Creditor's Name | - Last 4 digits of account number | Ψ490.07 |
| | 1637 S. Cicero | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | - Contingent | |
| | | | |
| | Cicero Illinois 60804 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 only | ·· | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify Payday Loan | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |
| | | | |
| 4.8 | City of Chicago - Dep't of Revenue Nonpriority Creditor's Name | Last 4 digits of account number | \$3,300.00 |
| | PO Box 88292 | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | - Contingent | |
| | | Unliquidated | |
| | Chicago Illinois 60608 | 부 | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | | Student loans | |
| | Debtor 2 only | Obligations arising out of a separation agreement or | |
| | Debtor 1 and Debtor 2 only | divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | |
| | Check if this claim relates to a community debt | Parking tickets and red light camera | |
| | Is the claim subject to offset? | Other. Specify tickets | |
| | ✓ No | | |
| | | | |
| | Yes | | |
| 4.9 | CREDITORS DISCOUNT & A | - Last 4 digits of account number 0859 | \$1,051.00 |
| | Nonpriority Creditor's Name 415 E MAIN ST | When was the debt incurred? 6/2017 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | - Contingent | |
| | CTDEATOD Illinois 61264 | Unliquidated | |
| | STREATOR Illinois 61364 City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Collecting For - MEDICAL | |
| | Is the claim subject to offset? | Other. Specify PAYMENT DATA | |
| | No | | |
| | Yes | | |
| | | | |

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Debtor 1 Sonya Tabisz Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** DEPT OF ED/NAVIENT 4.10 \$76,811.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/2017 PO BOX 9635 Number Street As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE 18773 Pennsylvania Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No Yes 4.11 **DEPT OF VETERANS AFFAI** \$696.00 0074 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 11930 When was the debt incurred? 9/2015 Number Street As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL Minnesota 55111 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify _ 001 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.12 DEPT OF VETERANS AFFAI \$267.00 Last 4 digits of account number 0072 Nonpriority Creditor's Name When was the debt incurred? 9/2015 PO BOX 11930 Number As of the date you file, the claim is: Check all that apply. Contingent SAINT PAUL Minnesota 55111 Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only ◪ Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 001 InstallmentLoan Is the claim subject to offset? ◪ No

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Debtor 1 Sonya Tabisz Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 GRAND CANYON UNIVERSIT \$1,181.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 10/2015 3300 W CAMELBACK RD Number Street As of the date you file, the claim is: Check all that apply. Contingent **PHOENIX** 85017 Arizona Unliquidated State City 7in Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 001 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.14 Illinois Tollway Attn: Legal Dept \$5,000.00 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogden Ave. When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Illinois Downers Grove 60515 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Illinois Tollway Violations Is the claim subject to offset? **✓** No Yes 4.15 LCA Collections \$269.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/27/2017 PO Box 2240 Street As of the date you file, the claim is: Check all that apply. Laboratory Corporation of America Contingent Unliquidated Burlington North Carolina 27216 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Past Due Medical Bills Is the claim subject to offset?

No Yes

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Debtor 1 Sonya Tabisz Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.16 Methodist Hospitals \$765.44 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 4/12/2017 600 Grant St Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 46402 Indiana Gary City State Zip Code Disputed Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Past Due Medical Bills Is the claim subject to offset? No ◪ Yes MIDLAND FUNDING \$680.00 Last 4 digits of account number _ 4799 Nonpriority Creditor's Name When was the debt incurred? 5/2017 2365 Northside Drive Street Number As of the date you file, the claim is: Check all that apply. Contingent San Diego California 92108 Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes 4.18 MIDLAND FUNDING \$609.00 Last 4 digits of account number 9771 Nonpriority Creditor's Name When was the debt incurred? 6/2017 2365 Northside Drive Number Street As of the date you file, the claim is: Check all that apply. Contingent California 92108 San Diego Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify _ 001 UnknownLoanType Is the claim subject to offset? **✓** No

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Debtor 1 Sonya Tabisz Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 MiraMed Revenue Group \$196.00 Last 4 digits of account number Nonpriority Creditor's Name Dept. 77304 When was the debt incurred? n/a Number Street As of the date you file, the claim is: Check all that apply. PO Box 77000 Contingent Unliquidated Michigan 48277 Detroit City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify ___ Past Due Medical Bills Is the claim subject to offset? No Yes Presence Health \$161.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 62314 Collection Center Dr As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60693 Disputed City State Zip Code Who incurred the debt? Check one Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Past Due Medical Bills Is the claim subject to offset? **✓** No Yes Prince Parker & Associates, Inc 4.21 \$923.93 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/26/2018 PO Box 474690 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Charlotte North Carolina 28247 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting For - AT&T MOBILITY -Other. Specify ILL - Past Due Cell Phone Bills Is the claim subject to offset? **V** No

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Debtor 1 Sonya Tabisz Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.22 Salameh, Nicholas \$2,924.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a P.O. Box 56373 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60656 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Judgment - 2016-M1-722570 Is the claim subject to offset? No ◪ ☐ Yes Serrano Legal Solutions, LLC \$6,314.14 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1144 W. Lake Street As of the date you file, the claim is: Check all that apply. Suite 201 Contingent Unliquidated Oak Park Illinois 60301 Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Attorneys' Fees Is the claim subject to offset? **✓** No Yes SOUTHWEST CREDIT SYSTE 4.24 \$74.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 6/2018 5910 W PLANO PKWY STE 10 Number Street As of the date you file, the claim is: Check all that apply. Contingent **PLANO** 75093 Texas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: COM ED No

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Debtor 1 Sonya Tabisz Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** Sunrise Credit Services, Inc 4.25 \$261.71 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 9100 When was the debt incurred? 5/19/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated New York 11735 Farmingdale City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting For - AT&T U Verse -Other. Specify Past Due Internet/Cable Bills Is the claim subject to offset? No ◪ Yes TBOM/TOTAL CRD \$420.00 Last 4 digits of account number _ 0226 Nonpriority Creditor's Name When was the debt incurred? 3/2017 P.O. Box 85710 Number As of the date you file, the claim is: Check all that apply. Contingent South Dakota 57118 Sioux Falls Unliquidated Citv State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify CreditCard Is the claim subject to offset? **✓** No Yes USAA Auto Insurance \$339.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 9800 Fredericksburg Rd Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 78288 San Antonio Texas City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Unsecured Loan Is the claim subject to offset? No

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Tabisz Debtor 1 Sonya Case number (if known) First Name Last Name List Others to Be Notified About a Debt That You Already Listed Part 3: Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Northwest Emergency Associates On which entry in Part 1 or Part 2 did you list the original creditor? Name of (Check PO BOX 366 Line 4.9 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Hinsdale Illinois 60522 Last 4 digits of account number 0859 City State Zip Code CITY CHICAGO c/o ARNOLD SCOTT HARRIS PC On which entry in Part 1 or Part 2 did you list the original creditor? 111 W JACKSON #600 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Illinois 60604 Chicago Last 4 digits of account number

State

Zip Code

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Case number (if known) Debtor 1 Sonya First Name Tabisz rt 4: Add the Amounts for Each Type of Unsecured Claim

| Pailt St. Add til | e Amounts for Each Type of Onsecured Olaim | | |
|---|--|-------|--|
| | mounts of certain types of unsecured claims. This information is sounts for each type of unsecured claim. | for s | statistical reporting purposes only. 28 U.S.C. §159. |
| | | | Total claims |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 |
| 6b. Taxes and certain other debts you owe the government 6b. \$0.00 | \$0.00 | | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 |
| | | | Total claims |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$76,811.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$29,263.40 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | \$106,074.40 |

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| Fill in this infor | rmation to identify your ca | ase: | | |
|------------------------|-----------------------------|-------------|------------------------------|--|
| Debtor 1 | Sonya | E | Tabisz | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number (If known) | | | (2.3.1-) | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or co | mpany with whom you have | the contract or lease | State what the contract or lease is for |
|---|--------------------------|-----------------------|---|
| 65th Infantry Regiment Veterans Housing | | | Residential Lease, Debtor is Lessee. |
| Name | | | Year-to-Year Lease |
| 1045 N. Sacramento Ave. | | | |
| Number | Street | | |
| Chicago | Illinois | 60622 | |
| City | State | Zip Code | |

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| Fill in this inform | mation to identify your ca | | | |
|---------------------------------|-----------------------------|--|--------------------------------|--|
| | riadori to lacitary your co | ase: | | |
| Debtor 1 | Sonya First Name | E Middle Name | Tabisz Last Name | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | |
| Case number | | | (State) | - |
| (If known) | | | | |
| | | | | Check if this is ar amended filing |
| Official | Form 106H | | | |
| | | | | |
| Schedule | e H: Your Cod | ebtors | | 12/15 |
| 1. Do you hav | . , | | not list either spouse as a co | |
| Idaho, Lou | | lived in a community propico, Puerto Rico, Texas, Wa | | Community property states and territories include Arizona, California, |
| Yes. | | r spouse, or legal equival | ent live with you at the tim | e? |
| | Yes. In which community | / state or territory did you | live? | _ Fill in the name and current address of that person. |
| | Name of your engues for | ormer spouse, or legal equiv | valent | _ |
| | Name of your spouse, it | | | |
| | Number Street | | | <u> </u> |

again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D),

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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| | | | | 9 | | |
|--|---|---|-------------------|-------------------|-------------------|---|
| Fill in this inform | ation to identify | your case: | | | | |
| | nya | Е | Tabisz | | _ | |
| | st Name | Middle Name | Last N | ame | Che | eck if this is: |
| Debtor 2 (Spouse, if filing) Fir | ot Nama | Middle Name | Last N | ama | _ | An amended filing |
| (Opodase, ii iiiiiig) Fif | st name | Middle Name | | | | A supplement showing post-petition chapter 1 |
| United States Ban the: | kruptcy Court for | Northern | District of Illii | nois tate) | | expenses as of the following date: |
| Case number | | | | | | MM / DD / YYYY |
| Official Fo | rm 106I | | | | | |
| Schedule | I: Your In | come | | | | 12/1 |
| information abou spouse. If more s number (if know | it your spouse. I space is needed | f you are separated and , attach a separate she y question. | d your spous | e is not filin | g with you, do | r spouse is living with you, include not include information about your ional pages, write your name and case |
| 1. Fill in your em | ployment | | Debtor 1 | | | Debtor 2 |
| information. | | Employment status | | | | |
| • | re than one job, | Employment status | Emplo | - | | Employed |
| attach a separa information ab | | | Not En | nployed | | Not Employed |
| employers. | out additional | Occupation | Clinical Ass | sistant | | |
| Include part tin self-employed | ne, seasonal, or | Employer's name | Lake Shore | e Foot & Ankle, | PC | |
| | | Employer's address | 2623 N. H | alsted Street | | |
| or homemaker | ay include student if it applies. | | Number Str | eet | | Number Street |
| | | | Chicago City | Illinois State | 60614 Zip Code | City State Zip Code |
| | | How long employed there? | 8 months | | | |
| Part 2: Give D | etails About N | Ionthly Income | | | | |
| spouse unless yo | u are separated. | | | | - | write \$0 in the space. Include your non-filing |
| | n-filing spouse have ch a separate she | | combine the | information for | all employers fo | or that person on the lines below. If you need |
| | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse |
| | • | ary, and commissions (before a calculate what the monthly to | | 2. | \$1,674.40 | |
| 3. Estimate an | d list monthly over | time pay. | | 3. | + \$0.00 | |
| | | | | | | |

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| Debtor | 1Sonya First Name | | Tabisz Last Name | | Case numbe | er (if | | |
|-------------------------|--|---|---------------------|------------|-------------------------|-----------------------------------|----------|----------------|
| | riist Name | Middle Name L | Last Name | | known) For Debtor 1 | For Debtor 2 or non-filing spouse | | |
| Сору | line 4 here | | → 4 | | \$1,674.40 | | | |
| 5. List a | all payroll ded | | | | | | | |
| 5a. T | Гах, Medicare, | and Social Security deductions | 5 | a. | \$309.29 | | | |
| 5b. I | Mandatory cor | ntributions for retirement plans | 5 | b. | \$0.00 | | | |
| 5c. V | oluntary cont | ributions for retirement plans | 5 | c. | \$0.00 | | | |
| 5d. F | Required repay | yments of retirement fund loans | 5 | d. | \$0.00 | | | |
| 5e. I i | nsurance | | 5 | e. | \$0.00 | | | |
| 5f. D | omestic supp | ort obligations | 5 | f. | \$0.00 | | | |
| 5g. l | Union dues | | 5 | g. | \$0.00 | | | |
| 5h. (| Other deduction | ons. Specify: | _ 5 | h. + | \$0.00 | + <u></u> _ | | |
| 6. Add t +5h. | the payroll ded | ductions. Add lines 5a + 5b + 5c + 5d + 5e +5f | f + 5g 6 | | \$309.29 | | | |
| 7. Calcı | ulate total mo | nthly take-home pay. Subtract line 6 from line | e 4. | • | \$1,365.11 | | | |
| 8. List a | all other incon | ne regularly received: | | | | | | |
| b | ousiness, profe | - | | | | | | |
| | | ent for each property and business showing ordinary and necessary business expenses, and | | | | | | |
| | he total monthl | • | 8 | a. | \$0.00 | | | |
| 8b. I | Interest and di | vidends | 8 | b. | \$0.00 | | | |
| c | dependent reg | - | a | | | | | |
| | | , spousal support, child support, maintenance, nt, and property settlement. | 8 | C. | \$1,553.00 | | | |
| 8d. l | Unemployment | t compensation | 8 | d. | \$0.00 | | | |
| 8e. S | Social Security | , | 8 | e. | \$0.00 | | | |
| Ir c: u h S | nclude cash ass ash assistance inder the Supple ousing subsidie specify: | ent assistance that you regularly receive sistance and the value (if known) of any non- that you receive, such as food stamps (benefits emental Nutrition Assistance Program) or es | | f | \$120.00 | | | |
| _ | | rement income | _ | f. | \$0.00 | | | |
| | | income. Specify: Prorated Tax Refund | | g. h. + | \$37.58 | | | |
| | _ | ne Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + | | г | \$1,710.58 | | 1 | |
| 3. Auu 8 | an other moon | The Add lines da + db + dc + dd + de + di +dg + | F 011. 3 | . <u> </u> | φ1,710.56 | | <u> </u> | |
| | | income. Add line 7 + line 9. se 10 for Debtor 1 and Debtor 2 or non-filing sp | | 0. | \$3,075.69 | + | = | \$3,075.69 |
| Inclu friend | ide contribution ds or relatives. | gular contributions to the expenses that you is from an unmarried partner, members of your amounts already included in lines 2-10 or amou | household | , your c | dependents, your room | | | |
| Spec | cify: | | | | | | 11. + | \$0.00 |
| | | n the last column of line 10 to the amount in | | | | | 12. | \$3,075.69 |
| VVIICE | , and amount 0 | a oanninay of oonedules and stausical sui | ary Or C | orani L | LIGORITO ATTO HETALEU D | ωω, π π αρ ρ που | | Combined |
| 13. Do y | you expect an | increase or decrease within the year after | you file thi | s form | , | | | monthly income |
| ✓ | Yes. Explain: | Debtor plans on leaving current job and starti | ing a new jo | ob in 2 | weeks. | | | |

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| Fill in this infor | mation to identify your | r case: | | | | |
|---------------------------------|--|---|---|--------------------|--|-----------|
| Debtor 1 | Sonya | E | Tabisz | | | |
| | First Name | Middle Name | Last Name | Check if this is: | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filir | ıg | |
| United States E | sankruptcy Court for the | e: Northern [| District of Illinois (State) | | nowing post-petition chickers he following date: | hapter 13 |
| Case number | | | (State) | | | |
| (If known) | | | | MM / DD / YYYY | , | |
| Official | Form 106J | | | | | |
| Schedul | e J: Your Ex | penses | | | | 12/15 |
| information. If | | | e filing together, both are equally form. On the top of any additiona | | | er |
| Part 1: Des | cribe Your Househ | old | | | | |
| 1. Is this a joi | nt case? | | | | | |
| ✓ No. Go | to line 2 | | | | | |
| | oes Debtor 2 live in a | separate household? | | | | |
| | ¬ No | | | | | |
| L | _ | ("LO(" : LE | | • | | |
| L | _ | file Official Forms 106J-2, Expen | ses for Separate Household of Debto | or 2. | | |
| 2. Do you hav | e dependents? | No | | | | |
| Do not list D Debtor 2. | ebtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 Child | Dependent's age | Does dependent li with you? No. | ive |
| | | | Office | | Yes. | |
| | | | Child | | No. | |
| | | | | | ✓ Yes. | |
| | | | Child | | No. | |
| | | | | | ✓ Yes. | |
| expenses o | enses include f people other | No | | | | |
| than yourself and | d your | Yes | | | | |
| dependents | s? | | | | | |
| Part 2: Estil | mate Your Ongoing | g Monthly Expenses | | | | |
| | of a date after the bar | | ou are using this form as a supple plemental Schedule J, check the | | - | |
| | | -cash government assistance i I it on Sc <i>hedule I: Your Incom</i> e | - | | Your exp | penses |
| | or home ownership or the ground or lot. 4. | expenses for your residence. In | clude first mortgage payments and | | 4. | \$430.00 |
| If not incl | uded in line 4: | | | | | |
| 4a. Real es | state taxes | | | | 4a | \$0.00 |
| 4b. Proper | ty, homeowner's, or re | enter's insurance | | | 4b | \$0.00 |
| 4c. Home | maintenance, repair, ar | nd upkeep expenses | | | 4c. | \$0.00 |

\$0.00

4d.

4d. Homeowner's association or condominium dues

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Debtor 1 Sonya E Tabisz Case number (if known)
First Name Middle Name Last Name

| 5. Additional mortgage payments for your residence, such as home equity loans 5. \$0.00 6. Utilities: 6. \$0.00 6. Utilities: 6. \$0.00 6. Utilities: 6. \$0.00 6. Water, sewer, garbage collection 6. \$0.00 6. Crilephone, coil phone, Internet, satellite, and cable services 6. \$0.00 6. Childre, Spoolly: 6d \$0.00 7. Food and housekeeping supplies 7. \$0.00 8. Childcare and children's education costs 8. \$345.00 9. Clothing, Laundy, and dry cleaning 9. \$250.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$80.60 12. Transportation, include aga, maintenance, bus or train face. 10. \$100.00 13. Entertation, include aga, maintenance, bus or train face. 10. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Life insurance. 15. \$0.00 15. Life insurance. 15. \$0.00 15. Life has | First Name | Middle Name Last Name | | |
|--|----------------------------------|---|-----|---------------|
| 6. Utilities: 6. Electricity, healt, natural gas 6. S. 0.00 6b. Water, sewer, garbage collection 6b. S. 0.00 6b. Uther, Specify: 6c. Seaso.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Seaso.00 6c. Uther, Specify: 6d. Saco.00 7. Food and housekeeping supplies 8. Saco.00 8. Childcare and children's education costs 8. Saco.00 9. Clothing, laundry, and dry cleaning 9. Seaso.00 10. Personal care products and services 10. Situation 11. Medical and dental expenses 11. Seaso.00 12. Transportation. Include gas, maintenance, bus or train fare. 12. Situation Do not include car payments 12. Seaso.00 14. Charitable contributions and religious donations 13. So.00 15. Insurance. 15a. Seaso.00 15b. Heath insurance 15a. Seaso.00 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 5c. Seaso.00 15c. Vehicle insurance. Specify: 15c. Seaso.00 15c. Vehicle insurance. Specify: 15c. Seaso.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5c.0c | | | | Your expenses |
| 68. Electricity, heat, natural gas 6a. \$0.00 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, cell phone, internet, satellite, and cable services 6c. \$280,00 6d. Other. Specify. 6d. \$0.00 7. Food and housekeeping supplies 7. \$800,00 8. Childcare and children's education costs 9. \$250,00 9. Clothing, laundry, and dry cleaning 9. \$250,00 10. Personal care products and services 11. \$589,60 11. Medical and dental exponses 11. \$589,60 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$160,00 Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Instrationment, clubs, recreation, newspapers, magazines, and books 15. \$0.00 15. Instration and religious donations 15. \$0.00 15. Instration and religious donations 15. \$0.00 15. Life insurance 15. \$0.00 15. Life insurance 15. \$0.00 | 5. Additional mortgage payme | ents for your residence, such as home equity loans | 5. | \$0.00 |
| 6b. Water, sewer, garbage collection 6b. \$0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$280.00 6d. Other, Specity: 6c. \$280.00 7. Food and housekeeping supplies 7. \$800.00 8. Childcare and children's education costs 8. \$345.00 9. Clothing, Iaundry, and dry cleaning 9. \$250.00 10. Personal care products and services 11. \$89.69 11. Medical and dental expenses 11. \$89.69 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$160.00 10. not include acry asymments 13. \$0.00 14. Charitable contributions and religious donations 13. \$0.00 15. Insurance 15 \$0.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance \$15a \$0.00 15c. Vehicle insurance \$15a \$0.00 15c. Taxe | 6. Utilities: | | | |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$280.00 6c. Other, Specify; 6d. \$0.00 7. Food and housekeeping supplies 7. \$800.00 8. Childcare and children's education costs 8. \$345.00 9. Clothing, laundry, and dry cleaning 9. \$250.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$880.60 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$160.00 15. Instrainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 16. Charitable contributions and religious donations 14. \$0.00 15. Instrainmenc 156. \$0.00 15. Leath insurance 156. \$0.00 15. Leath insurance. \$0.00 \$0.00 15. Leath insurance. \$0.0 | 6a. Electricity, heat, natural g | as | 6a. | \$0.00 |
| 6d. Other. Specify 6d \$0.00 7. Food and housekeeping supplies 7. \$800.00 8. Childcare and children's education costs 8. \$345.00 9. Clothing, laundry, and dry cleaning 9. \$250.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$89.69 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$160.00 Do not include care payments 13. \$50.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$50.00 14. Charitable contributions and religious donations 15. \$50.00 15. Insurance. 15 \$50.00 15. List insurance 15 \$0.00 15. Leath insurance deducted from your pay or included in lines 4 or 20. \$50.00 \$50.00 15. Health insurance 15 \$0.00 15. Leath insurance. Specify: 16 \$0.00 15. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17. Tax Car payments for Vehicle 2 17 \$0.00 | 6b. Water, sewer, garbage co | ollection | 6b. | \$0.00 |
| 7. Food and housekeeping supplies 7. \$800.00 8. Childcare and children's education costs 8. \$345.00 9. Clothing, laundry, and dry cleaning 9. \$250.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$89.68 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$100.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 156 \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 156 \$0.00 15c. Vehicle insurance. Specify: 150 \$0.00 15c. Vehicle insurance. Specify: 1 | 6c. Telephone, cell phone, Ir | nternet, satellite, and cable services | 6c. | \$280.00 |
| 8. Childcare and children's education costs 8. \$345.00 9. Clothing, laundry, and dry cleaning 9. \$250.00 10. Personal care products and services 10. \$100.00 11. Medical and dental expenses 11. \$88.68 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$160.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance adducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$0.00 15a. Life insurance 15b. Health insurance 15b. So.00 \$0.00 \$0.00 15b. Health insurance. 15c. Vehicle insurance. 15c. Vehicle insurance. \$0.00 \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$0.00 \$0.00 17. Installment or lease payments. 17a. \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 | 6d. Other. Specify: | | 6d | \$0.00 |
| 9. Clothing, laundry, and dry cleaning 9. \$250.00 10. Personal care products and services 10. \$10.00 11. Medical and dental expenses 11. \$89.69 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$160.00 Do not include car payments 13. \$0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 15. \$0.00 15. Insurance. 156 \$0.00 15. Insurance 156 \$0.00 15. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15c \$111.00 15. Vehicle insurance. 156 \$0.00 \$0.00 15. Vehicle insurance. 156 \$0.00 15. Vehicle insurance. 15c \$111.00 15. Vehicle insurance. 15c \$11.00 15. Vehicle insurance. 15c \$11.00 15. Vehicle insurance. 15c \$11.00 15. Vehicle insurance. 15c \$0.00 | 7. Food and housekeeping su | pplies | 7. | \$800.00 |
| 10. Personal care products and services 10. \$10.00 11. Medical and dental expenses 11. \$89.69 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$160.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a \$0.00 15b. Health insurance 15a \$0.00 15c. Vehicle insurance 15a \$0.00 15c. Vehicle insurance 15c \$111.00 15c. Vehicle insurance. Specify: 15c \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 17b. Car payments for Vehicle 1 17c \$0.00 | 8. Childcare and children's ed | ducation costs | 8. | \$345.00 |
| 11. Medical and dental expenses 11. \$88.96 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$160.00 12. Intensional memory of the payments of the payment payme | 9. Clothing, laundry, and dry | cleaning | 9. | \$250.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$160.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 13. 13. 13. 13. 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 15. Insurance 15. 15 | 10. Personal care products a | nd services | 10. | \$100.00 |
| Do not included car payments 13. 3. 3.0.00 14. 3.0.00 14. 3.0.00 14. 3.0.00 14. 3.0.00 14. 3.0.00 14. 3.0.00 15. 1 | 11. Medical and dental expen | ses | 11. | \$89.69 |
| 14. Charitable contributions and religious donations 14. \$0.00 15. Insurance. 30.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$0.00 15b. Health insurance 15b. \$0.00 15b. \$0.00 15c. Vehicle insurance 15c. \$111.00 \$0.00 15c. Vehicle insurance. Specify: 15d. \$0.00 \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 \$0.00 17. Installment or lease payments: 16 \$0.00 17. Installment or lease payments: 17a \$0.00 17b. Car payments for Vehicle 1 17a \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 17c. Other. Specify: 17c \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 Specify: 19. \$0.00 </td <td>-</td> <td></td> <td>12.</td> <td>\$160.00</td> | - | | 12. | \$160.00 |
| 15. Insurance. | 13. Entertainment, clubs, rec | reation, newspapers, magazines, and books | 13. | \$0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0.00 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$111.00 15c. Vehicle insurance. Specify 15d \$0.00 15d. Other insurance. Specify 15d \$0.00 15d. Other insurance. Specify 15d \$0.00 16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify 16 \$0.00 17c. Installment or lease payments: | 14. Charitable contributions a | and religious donations | 14. | \$0.00 |
| 15b. Health insurance 15b \$0.00 15c. Vehicle insurance 15c \$111.00 15d. Other insurance. Specify: | | ducted from your pay or included in lines 4 or 20. | | |
| 15c. Vehicle insurance | 15a. Life insurance | | 15a | \$0.00 |
| 15d. Other insurance. Specify: | 15b. Health insurance | | 15b | \$0.00 |
| 16 Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 15c. Vehicle insurance | | 15c | \$111.00 |
| Specify: 16 17. Installment or lease payments: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 Specify: 19. \$0.00 20. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 15d. Other insurance. Specif | y: | 15d | \$0.00 |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$0.00 17b. Car payments for Vehicle 2 17b \$0.00 17c. Other. Specify: 17c \$0.00 17d. Other. Specify: 17d \$0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20b. Real estate taxes. 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 20d. Maintenance, | 16. Taxes. Do not include taxes | deducted from your pay or included in lines 4 or 20. | | |
| 17. Installment or lease payments: 17a. \$0.00 17a. Car payments for Vehicle 1 17b. \$0.00 17b. Car payments for Vehicle 2 17b. \$0.00 17c. Other. Specify: 17c. \$0.00 17d. Other. Specify: 17d. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$0.00 20a. Mortgages on other property 20a. \$0.00 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | Specify: | | 16 | \$0.00 |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00 | 17. Installment or lease paym | ents: | .0 | |
| 17c. Other. Specify: | 17a. Car payments for Vehic | le 1 | 17a | \$0.00 |
| 17d. Other. Specify: | 17b. Car payments for Vehic | le 2 | 17b | \$0.00 |
| 17d. Other. Specify: | 17c. Other. Specify: | | 17c | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20c \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | | | 17d | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | • | om | \$0.00 |
| Specify: | | | 18. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | to support others who do not live with you. | 10 | #0.00 |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00 | | ses not included in lines 4 or 5 of this form or on Schedule I: Your Ir | | \$0.00 |
| 20b. Real estate taxes. 20b. So.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. So.00 20d. Maintenance, repair, and upkeep expenses. | | | | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. Waintenance, repair, and upkeep expenses. 20d. \$0.00 | | | | |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00 | 20c. Property, homeowner's | , or renter's insurance | | |
| | 20d. Maintenance, repair, an | d upkeep expenses. | | |
| | 20e. Homeowner's associati | on or condominium dues | | |

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| Debtor 1 Sonya | | E Tabi | | Case number (if known) | | |
|---|--|--|--|------------------------|-----|------------|
| First N | Name | Middle Name Last | st Name | | | |
| 21. Other. Spe | ecify: | | | | 21 | \$0.00 |
| 00 0-1 | | | | | | |
| | e your monthly expenses. | | | | _ | \$2,565.69 |
| | ines 4 through 21. | | | | _ | \$0.00 |
| | ` | for Debtor 2), if any, from Officia | Dial Form 106J-2 | | _ | \$2,565.69 |
| | ine 22a and 22b. The result | | | | 22. | |
| 23. Calculate | your monthly net income. | ' - | | | | |
| 23a. Copy I | line 12 (your combined mo | onthly income) from Schedule I. | | | 23a | \$3,075.69 |
| 23b. Copy | your monthly expenses from | m line 22 above. | | | 23b | \$2,565.69 |
| | act your monthly expenses f | | | | | \$510.00 |
| The re | esult is your monthly net inc | come. | | | 23c | |
| 24 Do you ex | xpect an increase or decre | ease in your expenses within | the year after you file | this form? | | |
| | • | | | | | |
| | | | | | | |
| mortgage | payment to increase or deci | rease because of a modification | ii to the terms of your mi | ortgage: | | |
| ✓ No | | | | | | |
| Yes | | | | | | |
| | Evalois have | | | | | |
| | explain fiere. | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | |] |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 23b. Copy y 23c. Subtra The re 24. Do you exp For examp mortgage | your monthly expenses from ract your monthly expenses for result is your monthly net inco expect an increase or decrease. | om line 22 above. from your monthly income. | n the year after you file n the year or do you expe | this form? | 23b | \$2,565 |

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| Fill in this infor | mation to identify your ca | ase: | | |
|---------------------|----------------------------|-------------|------------------------------|--|
| Debtor 1 | Sonya | E | Tabisz | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | |
| Case number | | | | |

Official Form 106Dec

| | Check if this is an |
|---|---------------------|
| _ | amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below | |
|-----|--|---|
| | Did you pay or agree to pay someone who is NOT an attorney to h | nelp you fill out bankruptcy forms? |
| | ☑ No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | Under penalty of perjury, I declare that I have read the summary a that they are true and correct. | and schedules filed with this declaration and |
| × | /s/ Sonya Tabisz | * |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 9/7/2018 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| Fill in this | information to | identify your | case: | | | | | | |
|-----------------------------|--------------------------|------------------|--------------------|-----------|---|---------------------------|------------|----------|---|
| Debtor 1 | Sonya | , , | E | | Tabisz | | | | |
| Dalatana | First Na | me | Middle | Name | Last Nam | е | | | |
| Debtor 2 (Spouse, if fil | ing) First Na | me | Middle | Name | Last Nam | е | | | |
| United Sta | ates Bankrupto | Court for the | Northern | | District of Illino | | | | |
| Case num | ber | | | | (Stat | e) | | | |
| (If known) | | | | | | | | | Check if this is a |
| Offici | al Form | 1 <u>07</u> | | | | | | | amended filing |
| Stater | nent of | Financia | al Affairs | for Ir | ndividuals | Filing fo | r Bankrı | uptcy | 04/1 |
| informatio | | pace is need | ed, attach a se | | | | | | supplying correct your name and case |
| Part 1: | Give Details | About Your | Marital Statu | s and W | /here You Lived | Before | | | |
| 1. Wha | at is your curr | ent marital s | tatus? | | | | | | |
| \ | Married | | | | | | | | |
| | Not married | | | | | | | | |
| 2. Dur | ing the last 3 | years, have y | ou lived anywhe | re other | than where you liv | ve now? | | | |
| □ | No Yes. List all o | f the places y | ou lived in the la | | s. Do not include v | where you live Debtor 2: | now. | | Dates Debtor 2 lived |
| | 20210 | | | there | | 202101 21 | | | there |
| | | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | 8708 W. Berv | vyn Ave. | | F | 05/0014 | | | | F |
| | Number Stree Apt. 1N | t | | To | 05/201402/2017 | Number Str | eet | | From To |
| | Chicago | Illinois | 60656 | 10 | 02/2011 | | | | |
| | City | State | Zip Code | | | City | State | Zip Code | |
| | | | | | | Same a | s Debtor 1 | | Same as Debtor 1 |
| | 5395 Buchan | | | From | 02/2017 | N | | | From |
| | Number Stree | et | | То | 08/2017 | Number Str | eet | | To |
| | Merrillville | Indiana | 46410 | | | | | | |
| | City | State | Zip Code | | | City | State | Zip Code | |
| and to | <i>erritories</i> includ | e Arizona, Calit | ornia, Idaho, Lou | isiana, N | r legal equivalent evada, New Mexico, tors (Official Form | Puerto Rico, Te | | | ommunity property states) |

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Debtor 1 Sonya Tabisz Case number (if known) Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages, $\overline{\mathbf{A}}$ Wages, \$13131.55 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$12907.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$35000.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions and (before deductions exclusions) and exclusions) \$3,200.00 Est. YTD LINK From January 1 of current year until Est. YTD Child Support the date you filed for bankruptcy: \$12,424,00 Income Est. 2017 LINK \$7,560.00 For last calendar year: Est. 2017 Child (January 1 to December 31, 2017) \$7,765.00 Support Income Est. 2016 LINK \$1,140.00 For the calendar year before that: (January 1 to December 31, 2016) YYYY

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Tabisz Debtor 1 Sonya Case number (if known) Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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| Fir | | | | | DISZ | Case number | |
|-------------------------|--|--|---|---|--|---|---|
| | rst Name | | Middle Name | Last | Name | | |
| iders pora ent, i | s include your ations of which | relatives; ar you are ar for a busin | ny general partner n officer, director, ess you operate a | s; relatives of any g person in control, | general partners; part or owner of 20% or | nerships of which y more of their voting | who was an insider? You are a general partner; You securities; and any managing You domestic support obligations, |
| No | | | | | | | |
| Ye | es. List all pay | ments to a | ın insider. | Dates of | Total amount | Amount vou | Reason for this payment |
| | | | | payment | paid | Amount you still owe | neason for this payment |
| Ins | sider's Name | | | | | | |
| Nu | mber Street | | | | | | |
| | | | | | | | |
| City | у | State | Zip Code | | | | |
| Ins | sider's Name | | | | | | |
| Nu | mber Street | | | | | | |
| | | | | | | | |
| City | у | State | Zip Code | | | | |
| nsider nclude Nc | payments on | debts guar | ranteed or cosigne | ed by an insider | | | |
| Ye | | ments that | benefited an ins | • | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| _ | | ments that | _ | ider. Dates of | | - | |
| Ins | es. List all payı | ments that | _ | ider. Dates of | | - | |
| Ins | es. List all payr | ments that | _ | ider. Dates of | | - | |
| Ins Nu | es. List all payr | | benefited an ins | ider. Dates of | | - | |
| Ins Nu City | es. List all payr sider's Name amber Street y | | benefited an ins | ider. Dates of | | - | |
| Ins Nu City | es. List all payr | | benefited an ins | ider. Dates of | | - | |
| Ins Nu City | es. List all payr sider's Name mber Street y sider's Name | | benefited an ins | ider. Dates of | | - | |

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Tabisz Debtor 1 Sonya Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| First Name Middle Name Last Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any a accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took Oreditor's Name Number Street Last 4 digits of account number: XXXX- | on Amount |
|---|--------------------------|
| accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. Describe the action the creditor took was taken Creditor's Name Number Street | on Amount |
| Yes. Fill in the details. Describe the action the creditor took was taken Creditor's Name Number Street | |
| Creditor's Name Number Street | |
| Creditor's Name Number Street | |
| Number Street | |
| | |
| Last 4 digits of account number: XXXX- | |
| | |
| City State Zip Code | |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit appointed receiver, a custodian, or another official? | t of creditors, a court- |
| ▽ No | |
| Yes | |
| Part 5: List Certain Gifts and Contributions | |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person' | ? |
| ✓ No ☐ Yes. Fill in the details for each gift. | |
| Gifts with a total value of more than \$600 per person Describe the gifts Dates you gave the gifts | Value |
| | |
| Person to Whom You Gave the Gift | |
| Number Street | |
| City State Zip Code | |
| Person's relationship to you | |
| | |
| Person to Whom You Gave the Gift | |
| | |

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| Debtor 1 | Sonya | E | Tabisz | Case number (if know | n) | |
|----------|---|---------------------------|---|----------------------------|---|------------------------|
| | First Name | Middle Name | Last Name | | · | |
| | | | | | | |
| 4. Wi | thin 2 years before you | filed for bankruptcy, di | d you give any gifts or contribu | tions with a total value o | of more than \$600 | to any charity? |
| _ | _ | | | | | • |
| _ ⊻ | No | | | | | |
| | Yes. Fill in the details | for each gift or contribu | tion. | | | |
| _ | 4 | - | | | | |
| | Gifts or contributions | s to charities | Describe what you contri | buted | Date you | Value |
| | that total more than | \$600 | | | contributed | |
| | | | | | | |
| | <u> </u> | | _ | | | |
| | Charity's Name | | | | | |
| | | | _ | | | |
| | | | | | | |
| | Number Street | | _ | | | |
| | | | | | | |
| | City Sta | ate Zip Code | _ | | | |
| | Oity Ota | ite Zip Code | | | | |
| | List Contain Lassas | _ | | | | |
| art 6: | List Certain Losses | 5 | | | | |
| | No Yes. Fill in the details. Describe the propert how the loss occurre | | Describe any insurance of Include the amount that ins | | Date of your loss | Value of property lost |
| | | | pending insurance claims of | n line 33 of Schedule | | |
| | | | A/B: Property. | | | |
| | | | | | | |
| | • | | | | _ | |
| art 7: | List Certain Payme | ents or Transfers | | | | |
| | No | | or credit counseling agencies for | | . , | |
| ✓ | Yes. Fill in the details. | | | | | |
| | | | Description and value of a transferred | any property | Date payment or transfer was made | Amount of payment |
| | Onmaria I I am El | | | | | Φ0.F.0. 0.0 |
| | Semrad Law Firm | | Attorney's Fee - 350.00 | | 9/6/2018 | \$350.00 |
| | Person Who Was Paid | | | | | |
| | 20 S. Clark Street | | _ | | | |
| | Number Street | | | | | |
| | 28th Floor | | | | | |
| | 28th Floor | | - | | | |
| | Chicago Illin | nois 60603 | | | | |
| | City Sta | ate Zip Code | _ | | | |
| | ,, | | | | | |
| | Email or website addre | SS | - | | | |
| | | | | | | |
| | Person Who Made the | Payment, if Not You | _ | | | |
| | | | | | | |
| | Davis and Allina Maria David | | _ | | | |
| | Person Who Was Paid | | | | | |
| | Normalia and Other of | | _ | | | |
| | Number Street | | | | | |
| | | | | | | - |
| | | | _ | | | |
| | | | _ | | | |
| | City Ct- | ato Zin Codo | - - | | | |
| | City Sta | ate Zip Code | <u>-</u> | | | |
| | | · | - - - | | | |
| | City Sta | · | _ _ _ | | | |
| | | ess | - - - | | | |

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| Debt | | Sonya | E | | Case number (if knowi | n) | |
|------|--------------------|---|---|---|-----------------------|-----------------------------------|------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 17. | help | nin 1 year before you filed by you deal with your credit not include any payment or | tors or to make paym | | ehalf pay or transfe | r any property to a | anyone who promised to |
| | | No Yes. Fill in the details. | | | | | |
| | | | | Description and value of any pr transferred | operty | Date payment or transfer was made | Amount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| 18. | the Incl | ordinary course of your bude both outright transfers a transfers that you have alreated. | usiness or financial a and transfers made as s | security (such as the granting of a secu | | | |
| | | Yes. Fill in the details. | | Description and value of proper | rtv Describe ar | ny property or | Date |
| | | | | transferred | | eceived or debts p | |
| | | Person Who Received Tran | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to yo | Zip Code u | | | | |
| | | Person Who Received Trans | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to yo | Zip Code u | | | | |
| 19. | ben | nin 10 years before you file eficiary? ese are often called asset-pro | | d you transfer any property to a self | -settled trust or sin | nilar device of whi | ich you are a |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | | | | Description and value of the p | roperty transferred | | Date transfer was made |
| | | Name of trust | | | | | |

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Tabisz Debtor 1 Sonya Case number (if known) List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred Chase Bank Checking XXXX-1/2018 \$ 0.00 Person Who Was Paid Savings P.O. Box 659732 Number Street Money market Brokerage San Antonio 78265 Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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Debtor 1 Sonya Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Deb | | Sonya | E | | Tabisz | Case nı | umber (if known) | |
|------|----------|----------------------------|------------------|--------------------|---|---------------------|---|--------------------|
| | | First Name | М | ddle Name | Last Name | | | |
| 26. | Hav | e you been a party | y in any judicia | l or administrat | ive proceeding under | any environmental | law? Include settlements and orde | rs. |
| | | No Yes. Fill in the det | ails. | | | | | |
| | Ч | | | Co | ourt or agency | ı | Nature of the case | Status of the case |
| | | Case title | | | | | | Pending |
| | | | | Co | ourt Name | | | On appeal |
| | | Case number | | Nı | umberStreet | | | Concluded |
| | | la | 5 | Ci | | Zip Code | | |
| Part | | | | | nections to Any Bu | | | |
| 27. | Witl | - | - | | | - | owing connections to any business? | ? |
| | | | | - | e, profession, or other C) or limited liability pa | | time or part-time | |
| | | A partner in a | | | | | | |
| | | | | | of a corporation uity securities of a corp | ooration | | |
| | ~ | No. None of the a | bove applies. | Go to Part 12. | | | | |
| | | Yes. Check all tha | at apply above | and fill in the de | etails below for each b | | | |
| | | | | | Describe the natu | ire of the business | Employer Identification no include Social Security no | |
| | | Business Name | | | | | EIN: | |
| | | Number Street | | | Name of accounts | ant or bookkeeper | Dates business existed | |
| | | City | State | Zip Code | Name of accounts | ant of bookkeeper | From To | |
| | | | | | | | | |
| | | | | | Describe the natu | re of the business | Employer Identification no include Social Security no | |
| | | Business Name | | | | | EIN: | |
| | | Number Street | | | | | Dates business existed | |
| | | City | State | Zip Code | Name of account | ant or bookkeeper | From To | |
| | | | | | | | | |
| | | | | | Deceribe the net | ure of the business | Employer Identification no | umbau Da nat |
| | | | | | Describe the natu | ire of the business | include Social Security no | |
| | | Business Name | | | | | EIN: | |
| | | Number Street | | | Name of account | ant or bookkeeper | Dates business existed | |
| | | City | State | Zip Code | | | From To | |
| | | | | | | | | |

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| Debt | tor 1 Sonya | E | Tabisz | Case number (if known) |
|--------|--|--|---------------------------------|---|
| | First Name | Middle Name | Last Name | |
| 28. | Within 2 years before you creditors, or other parties No Yes. Fill in the details | S. | ou give a financial statemer | nt to anyone about your business? Include all financial institutions, |
| | Tes. Till ill tile details | bolow. | | |
| | | | Date issued | |
| | Name | | MM/DD/YYYY | |
| | | | <u></u> | |
| | Number Street | | _ | |
| | City S | State Zip Code | | |
| | | , | | |
| Part | 12: Sign Below | | | |
| tı | rue and correct. I understa a bankruptcy case can rest | and that making a false stault in fines up to \$250,000, | atement, concealing proper | nts, and I declare under penalty of perjury that the answers are ty, or obtaining money or property by fraud in connection with 0 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | /s/ Son Signature of | ya Tabisz | | Signature of Debtor 2 |
| | Signature | of Debtor 1 | | Date |
| | Date 9/7/ | 2018 | | Date |
| [| Did you attach additional p | ages to Your Statement o | f Financial Affairs for Individ | uals Filing for Bankruptcy (Official Form 107)? |
| | Yes | | | |
| D | Did you pay or agree to pay | someone who is not an a | ttorney to help you fill out b | ankruptcy forms? |
| I, | √ No | | | |
| ו ב | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | NOTUICITI DIS | trict of Illinois | |
|-------|--|-----------------------------|--|----------------------------------|
| n re_ | Sonya E Tabisz | | Case No. | |
| | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF | COMPENSATI | ON OF ATTORNEY | FOR DEBTOR |
| 1 | . Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of t | he petition in bankruptcy, or agreed | d to be paid to me, for services |
| | For legal services, I have agreed to ac | cept | | \$4,000.00 |
| | Prior to the filing of this statement I h | ave received | | \$350.00 |
| | Balance Due | | | \$3,650.00 |
| 2 | . The source of the compensation paid | to me was: | | |
| | ✓ Debtor | Other (spec | ify) | |
| 3 | . The source of the compensation paid | to me is: | | |
| | Debtor | Other (spec | ify) | |
| 4 | I have not agreed to share the abomembers and associates of my la | | tion with any other person unless t | they are |
| | | firm. A copy of the agree | with a other person or persons whement, together with a list of the na | |
| 5 | In return for the above-disclosed fee, a. Analysis of the debtor's finance bankruptcy; | • | egal service for all aspects of the baing advice to the debtor in determin | |
| | b. Preparation and filing of any p | petition, schedules, state | ments of affairs and plan which ma | y be required; |
| | c. Representation of the debtor | at the meeting of creditor | rs and confirmation hearing, and ar | ny adjourned hearings thereof; |
| | d. Representation of the debtor | n adversary proceedings | and other contested bankruptcy m | natters; |
| 6 | . By agreement with the debtor(s), the a | above-disclosed fee does | s not include the following services | × |
| | | | | |
| | | CERTIF | FICATION | |
| | certify that the foregoing is a completors) in this bankruptcy proceedings. | e statement of any agree | ment or arrangement for payment to | o me for representation of the |
| | 9/7/2018 | | /s/ Jeremy Nevel | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | - | | Name of law firm | |

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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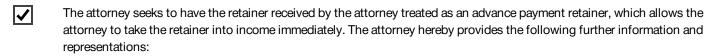
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$43.23 for expenses, leaving a balance due of \$4,003.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Debtor(| s) | Attorney for Debtor(s) | |
|---------|-----------|------------------------|--|
| | | /s/ Jeremy Nevel | |
| /s/ Son | ya Tabisz | | |
| Signed: | | | |
| Date: | 9/7/2018 | | |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Tabisz, Sonya E Debtor(s) | Case No | |
|-----------------|----------------------------|--|-------------------------------------|
| | | Chapter. | Chapter13 |
| | VERIF | ICATION OF CREDITOR MAT | RIX |
| Th knowledge | - | rify that the attached list of creditors is tr | ue and correct to the best of their |
| Date: | 9/7/2018 | /s/ Tabisz, Sonya | |
| | | Tabisz, Sonya E <i>Signature of Deb</i> | |

DEPT OF ED/NAVIENT PO BOX 9635 WILKES BARRE, PA, 18773

Prestige Financial Services, Inc 1420 S 500 W SALT LAKE CITY, UT, 84115

GRAND CANYON UNIVERSIT PO Box 52508 Attn: Collections Department Phoenix, AZ, 85072

DEPT OF VETERANS AFFAI PO BOX 11930 SAINT PAUL, MN, 55111

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

CREDITORS DISCOUNT & A 415 E MAIN ST STREATOR, IL, 61364

Northwest Emergency Associates PO BOX 78000 Dept. 78769 Detroit, MI, 48278

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

TBOM/TOTAL CRD P.O. Box 85710 Sioux Falls, SD, 57118

SOUTHWEST CREDIT SYSTE 5910 W PLANO PKWY STE 10 PLANO, TX, 75093

BULLCITY FINANCIAL SOL 2609 N DUKE ST #500 Durham, NC, 27704 Rent-A-Center 3039 N Pulaski Rd Chicago, IL, 60641

Salameh, Nicholas P.O. Box 56373 Chicago, IL, 60656

City of Chicago - Dep't of Revenue PO Box 88292 Chicago, IL, 60608

CITY CHICAGO c/o ARNOLD SCOTT HARRIS PC 111 W JACKSON #600 Chicago, IL, 60604

Illinois Tollway Attn: Legal Dept 2700 Ogden Ave. Downers Grove, IL, 60515

Prince Parker & Associates, Inc PO Box 474690 Charlotte, NC, 28247

Sunrise Credit Services, Inc P.O. Box 9100 Farmingdale, NY, 11735

Advance America 17655 Torrence Ave Lansing, IL, 60438

check into Cash 201 Keith St Sw Ste 80 Cleveland, TN, 37311

Americash - Bankruptcy 880 Lee Street Suite 302 Des Plaines, IL, 60016

Presence Health P.O. Box 247 Bedford Park, IL, 60499 CEPAMERICA ILLINOIS LLP PO BOX 582663 Modesto , CA, 96358

LCA Collections PO Box 2240 Laboratory Corporation of America Burlington, NC, 27216

MiraMed Revenue Group Dept. 77304 PO Box 77000 Detroit, MI, 48277

Methodist Hospitals 5025 N Paulina St Chicago, IL, 60640

Serrano Legal Solutions, LLC 1144 W. Lake Street Suite 201 Oak Park, IL, 60301

USAA Auto Insurance 9800 Fredericksburg Rd San Antonio, TX, 78288 B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Northern District | of Illinois | |
|-------------------------|---|---|--|---|
| ı re | Sonya E Tabisz | | Case No. | |
| X | Debtor | - | | (If known) |
| | | N. | Chapter | Chapter 13 |
| 1. Purs | uant to 11 U.S.C. § 329(a) and | F COMPENSATION If Fed. Bankr. P. 2016(b), I certify to | that I am the attorney for the abo | ovenamed debtor(s) and that |
| rend | pensation paid to me within or ered or to be rendered on beha | ne year before the filing of the per alf of the debtor(s) in contemplati | tition in bankruptcy, or agreed to on of or in connection w ith the | be paid to me, for services bankruptcy case is as follows: |
| Forl | egal services, I have agreed to | accept | | \$4,000.00 |
| Prior | to the filing of this statement | I have received | | \$350.00 |
| Bala | nce Due | | | \$3,650.00 |
| 2. The | source of the compensation pa | aid to me was: | | <u> </u> |
| | ✓ Debtor | Other (specify) | | |
| 3. The | source of the compensation pa | aid to me is: | | |
| | Debtor | Other (specify) | | |
| 4. | I have not agreed to share the members and associates of my | above-disclosed compensation v v law firm. | with any other person unless the | y are |
| | | ve-disclosed compensation with aw firm. A copy of the agreement pensation, is attached. | | |
| 5. In re | turn for the above-disclosed fe | e, I have agreed to render legal s | ervice for all aspects of the bank | ruptcy case, including: |
| | Analysis of the debtor's fine bankruptoy; | ancial situation, and rendering ac | dvice to the debtor in determining | g whether to file a petition in |
| | b. Preparation and filing of an | y petition, schedules, statements | s of affairs and plan which may b | e required; |
| | c. Representation of the debt | or at the meeting of creditors and | confirmation hearing, and any a | adjourned hearings thereof; |
| 9 | d. Representation of the debte | or in adversary proceedings and o | other contested bankruptcy matt | ers; |
| 6. By a | greement with the debtor(s), th | e above-disclosed fee does not i | nclude the following services: | |
| | | | | |
| | | CERTIFICAT | TON | |
| l certif debtor(s) i | y that the foregoing is a comp n this bankruptcy proceedings | lete statement of any agreement of | or arrangement for payment to m | ne for representation of the |
| | 9/6/2018 | | /s/ Jeremy Nevel | |
| | Date | | Signature of Attorney | |
| | | | Semrad Law Firm | |
| | | | Name of law firm | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

OT

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the
 debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the
 attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee
 application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$43.23 for expenses, leaving a balance due of \$4,003.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 9/6/2018 |
|---------|------------|
| Signed | : |
| /s/ Sor | iya Tabisz |
| | |
| Debtor | (s) |

Do not sign if the fee amounts at top of this page are blank.

Attorney for Debtor(s)

/s/ Jeremy Nevel

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

Dear Sonya E. Tabisz,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. The plan is subject to change based on creditor proof of claims and objections. Your Chapter 13 plan payment will be \$510.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$350.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 5% of the plan payment.
- 2. The Firm's Fees will be paid at approximately \$364.00/mo.
- Prestige Financial Services, Inc will be paid \$5,645.00 at 6.5% APR at a fixed monthly
 payment of \$110.00/mo. The secured amount paid to Prestige Financial Services, Inc is
 subject to its proof of claim.
- 4. Rent-A-Center will be paid \$3,471.00 at 3.25% APR at a fixed monthly payment of \$10.00/mo. until the Firm's Fees are paid approximately until March 2020, at which point Rent-A-Center will be paid \$374.00/mo. until paid in full. The secured amount paid to Rent-A-Center is subject to its proof of claim.
- General Unsecured Creditors will be paid 10% pro rata after all other creditors.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

One of its Attorneys

Accepted:

Sonya E Tabisz

Date: <u>9-6-18</u>

CHAPTER 13 DISCLAIMERS

| 1. | I understand that if I owe attorney's fees, those fees will be paid through the Chapter 13 plan and to the extent allowed by the Bankruptcy Court, The Semrad Law Firm will likely be paid before any of my creditors are paid. |
|----|--|
| 2. | I understand that The Semrad Law Firm has pulled a credit report, but that said credit report does not report every debt I owe. I understand that it is my responsibility to provide all my debts to The Semrad Law Firm to list in my bankruptcy, and that failure to list a debt could be grounds for said debt(s) being not discharged in my case. |
| | |
| 3. | I agree that in the preparation of my bankruptcy petition and schedules that I have disclosed to The Semrad Law Firm all my debts, sources of income, assets, personal property, real estate, transfers of real estate over the past 4 years, and expenses. |
| 4. | I agree that I will attend my creditors meeting at the time, date and location that will be given to me by The Semrad Law Firm, and also mailed to me by the Bankruptcy Court. That at this meeting I will bring my driver's license or State ID, my social security card, and a recent pay stub if I am working. That failure of me to attend this meeting is grounds for my case to be dismissed. I also understand that failure to bring said requested documents to the meeting can be grounds for the meeting to not be held. |
| 5. | I understand that The Semrad Law Firm will be paid first before all creditors unless otherwise agreed or ordered by the court. |
| 6. | I understand that my first trustee payment is due 30 days after the filing of my bankruptcy case, and every 30 days thereafter. I agree to make my trustee payment every 30 days, and that failure to make my trustee payments is grounds to have my case dismissed. |
| | |
| 7. | I acknowledge that I have authorized The Semrad Law Firm to submit a payroll control order on my behalf (if applicable) to have my payment deducted from my payroll check each pay period. |
| | |

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| 8. | I understand that if a payroll control order is being submitted, that it is unknown when the trustee payments will be deducted out of my paycheck (usually takes one to two months). I also agree to make my Trustee payment directly myself to the Trustee until I see the deductions come out of my paycheck. |
|-----|---|
| 9. | I understand and agree that it is ultimately my responsibility to make my trustee payments each month and monitor my paycheck each pay period to ensure that not only that the deduction is coming out of my paycheck, but also that it is the correct amount. I agree that if for some reason the trustee payment stops coming out of my paycheck, or I leave my job that it is my responsibility to make my trustee payments directly to the Trustee. |
| | |
| 10. | I understand that when making a trustee payment directly to the Trustee, it can only be made by money order or certified check, and that a personal check or cash cannot be sent to the Trustee. |
| 11. | I agree that I am contributing all the disposable income I have available toward my Chapter 13 plan, and that if my plan is paying my unsecured creditors less than 100%, that the Bankruptcy Trustee can ask that my future tax refunds be tendered to my case while I am in my bankruptcy case. |
| 12 | Lunderstand that if I want to incur gradit out a to finance a second state that I want to |
| 12. | I understand that if I want to incur credit such as to finance a car or real estate that I need court permission, and agree that I must contact my attorney to obtain such permission. |
| | |
| 13. | I understand that I must have filed my federal and state tax returns for the past 4 years if I was legally required to, and failure to have done so is grounds to have my case dismissed. |
| | |
| 14. | I understand that if I am legally required by court order to pay domestic support obligations (child support, alimony), that falling in default is grounds to have my case dismissed and/or not receive a discharge in my case. |
| | - 8- |
| 15. | I understand that my Chapter 13 plan will run between 36 and 60 months, depending on the amount of debt I have, and what the bankruptcy court requires my plan to run. |
| | |

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| 16. | I understand and agree to complete my 2nd credit counseling exit course before my case ends, and submit a copy of the certificate showing I completed this to my attorney. I also understand that failure to complete this requirement before my case ends is grounds to not receive my discharge. |
|-----|---|
| | - X |
| 17. | If I have a garnishment coming out of my paycheck, I agree and understand that it is my responsibility to provide my payroll department with proof of my bankruptcy to stop said wage garnishment. It also my responsibility to contact the garnishing creditor and provide them with proof of my filing. |
| 18. | If a garnishment or voluntary deduction is coming out of my bank account, I agree that it is my responsibility to contact my bank to stop said deduction or garnishment by providing proof of bankruptcy, or requesting my bank to close my account and open a new account. |
| 19. | I understand that my monthly Trustee payment is not finalized and may increase or decrease due to a difference in my income, expenses, and/or my debt amounts. |
| 20. | I agree that I authorized The Semrad Law Firm to file my bankruptcy case, after I reviewed my bankruptcy petition and schedules. |
| 21. | I understand that the entire firm of The Semrad Law Firm represents me, and that while a different attorney might have counseled me and prepared my case, that once my case is filed, one of the attorneys at The Semrad Law Firm will be assigned as my attorney for the remainder of my case. |
| 22. | I understand that if I have had (1) bankruptcy dismissed in the last 12 months, that I only have the benefit of the automatic stay for 30 days, until a motion is granted by the judge extending the automatic stay protection for the remainder of the case. That if the Judge denies my motion to extend the automatic stay that it is possible that creditors will still be able to take actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my monies. |

| 23. | I understand that if I have had (2) or more bankruptcies dismissed in the last 12 months, that I do not have the benefit of the automatic stay upon the filing of the case, until a motion is granted by the judge imposing the automatic stay protection for the remainder of the case. Until the Judge grants |
|-----|---|
| | such motion none of my property including my real property, cars or monies are not protected. That |
| | if the Judge denies my motion to impose the automatic stay that creditors will still be able to take |
| | actions such as foreclosing on my real property, repossessing any vehicles, and garnishing my |

24. I understand that if I owe any taxing authority such as the IRS or State of Illinois any income tax debt, that even though I am required to put this debt into my Chapter 13 plan, that tax authorities still have the legal right to offset my next tax refund by the amount(s) they are owed.

VEHICLE INSIDE THE PLAN DISCLAIMER

| 1. | I understand and agree that I have full coverage insurance on my vehicle(s), and that failure to have full coverage insurance is grounds for my finance company(s) to repossess my vehicle(s). |
|----|--|
| 2. | I understand that my first trustee payment is due within 30 days of my case being filed, and that if the trustee payment is not received and posted to the Trustee's account within 30 days that this could be grounds to have my car repossessed. |
| | |
| 3. | I understand that if my car was purchased more than 910 days ago, that I only have to pay back the value of my vehicle, but this value can be disputed by my finance company causing my Trustee payment to increase. |
| 4. | I understand that it is my responsibility to contact my car creditor(s) after my bankruptcy case has been filed to alert them that I am in a bankruptcy so my car does not get repossessed. |
| 5. | I understand that if I want to sell or trade in my vehicle, that I need court permission and must contact my attorney to obtain such permission. |
| 6. | I understand that if there is a co-signer on any vehicle being paid back in the plan, I must pay the contract interest rate in order to receive the vehicle title upon discharge. If I do not pay the contract rate of interest then after discharge I will not receive the title, and the creditor can repossess the vehicle. |

Disclosure Pursuant to 11 U.S.C. §527(a)(2)

You are notified:

- All information that you are required to provide with a petition and thereafter during a case under the Bankruptcy Code is required to be complete, accurate, and truthful.
- 2. All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case. Some places in the Bankruptcy Code require that you list the replacement value of each asset. This must be the replacement value of the property at the date of filing the petition, without deducting for costs of sale or marketing, established after a reasonable inquiry. For property acquired for personal, family, or household use, replacement value means the price a retail merchant would charge for property of that kind, considering the age and condition of the property.
- The following information, which appears on Official Form 22, Statement of Current Monthly Income, is required to be stated after reasonable inquiry: current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of the Bankruptcy Code, disposable income (determined in accordance with section 707(b)(2)).
- 4. Information that you provide during your case may be audited pursuant to provisions of the Bankruptcy Code. Failure to provide such information may result in dismissal of the case under this title or other sanction, including criminal sanctions.

I have been provided a copy of the above disclosure.

| 2 | 9-6-18 |
|--------|--------|
| Debfor | Date |
| Debtor | Date |

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER.

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of the creditors where you may be questioned by a court official called a 'trustee' and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

I have been provided a copy of the above disclosure.

| 8 - 3 | 9-6-18 |
|--------|--------|
| Debtor | Date |
| Debtor | Date |

DISCLOSURE OF AFTER ACQUIRED PROPERTY

I understand and agree that it is my responsibility to disclose any after-acquired property, including, but not limited to, a personal injury lawsuit or inheritance. I further understand if I file a Chapter 13 bankruptcy that the after-acquired property may alter the terms of my confirmed Chapter 13 Plan.

| | _ 9-6-18 |
|--------|----------|
| Client | Date |
| Client | Date |

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BANKRUPTCY OVERVIEW VIDEO DISCLAIMER

I have reviewed the Bankruptcy Overview Video and feel I understand all of the information that was covered in the video. I have asked any questions that I might have had regarding the information covered in the video. I also understand that the video is available online for future reference at http://www.debtstoppers.com/bankruptcy/chapter-13/.

| 3 | 9-6-18 |
|--------|--------|
| Client | Date |
| Client | Date |

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| Debtor 1 Sonya | E | Tabisz | Case number (if known) | |
|---|---|--|---|--|
| First Name | Middle Name | Last Name | | |
| Part 6: Answer These Qu | estions for Reporting | | | |
| 16. What kind of debts do you have? | "incurred by an i No. Go to lir No. Go to lir Yes. Go to li 16b. Are your debts money for a bus No. Go to lir Yes. Go to li | ndividual primarily for a penee 16b. ne 17. primarily business debts? iness or investment or thro ne 16c. ne 17. | es? Consumer debts are definersonal, family, or household by Business debts are debts the bugh the operation of the bugh to consumer debts or business. | nat you incurred to obtain siness or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under expenses are | under Chapter 7. Go to line 1 er Chapter 7. Do you estimate paid that funds will be availal | | y is excluded and administrative reditors? |
| | 7 1-49 | 1,000- | 5 000 F | 7 25 001 50 000 |
| 18. How many creditors do you estimate that you owe? | 50-99 100-199 200-999 | 5,001- | 10,000 [-25,000 [| 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,00 \$100,001-\$500,0 \$500,001-\$1 milli | 0 | 0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,00 \$100,001-\$500,0 \$500,001-\$1 milli | 0 | 0,001-\$10 million 00,001-\$50 million 00,001-\$100 million 000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below | | | • | |
| For you | correct. If I have chosen to file of title 11, United Statunder Chapter 7. If no attorney represer out this document, I h I request relief in accolunderstand making a connection with a barr | under Chapter 7, I am awa les Code. I understand the nts me and I did not pay or ave obtained and read the rdance with the chapter of a false statement, concealing | are that I may proceed, if elig relief available under each c agree to pay someone who notice required by 11 U.S.C title 11, United States Code ng property, or obtaining mo | e, specified in this petition. |
| | /s/ Sonya Tabisz Signature of Debtor | 5 | Signature of Debt | or 2 MM / DD / YYYY |

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| Debtor 1 | Sonya | Sonya E | |
|---|------------|-------------|----------------------|
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | Northern | District of Illinois |
| | | | (State) |
| | | | |
| Case number (If known) | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | 1: Sign Below | | | | | | |
|-----|---|---|--|--|--|--|--|
| | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | |
| | √ No | | | | | | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and | | | | | |
| | that they are true and correct. | | | | | | |
| × | /s/ Sonya Tabisz | * | | | | | |
| | Signature of Debtor 1 | Signature of Debtor 2 | | | | | |
| | Date 9/6/2018 MM/DD/YYYY | Date MM/DD/YYYY | | | | | |

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| Debtor | 1 Sonya | E | Tabisz | Case number (if known) | | | |
|---|---|----------------------|----------------------------|--|--|--|--|
| | First Name | Middle Name | Last Name | | | | |
| | reditors, or other parties. | or bankruptcy, did y | ou give a financial staten | nent to anyone about your business? Include all financial institutions, | | | |
| Ē | Yes. Fill in the details below. | | | | | | |
| | | | Date issued | | | | |
| | Name | | MM/DD/YYYY | | | | |
| | Number Street | | _ | | | | |
| | City State | Zip Code | _ | | | | |
| | — Glate | Zip Oode | | | | | |
| Part 12 | 2: Sign Below | | | | | | |
| true | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | |
| | /s/ Sonya Tabis | | > | Signature of Debtor 2 | | | |
| | Date 9/6/2018 | | | Date | | | |
| Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | | | |
| V | No Yes | | | | | | |
| . Ш | | | | | | | |
| Did | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | | | |
| V | No | | | | | | |
| | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | |

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UNITED STATES BANKRUPTCY COURT Northern District of Illinois

| In re: | Tabisz, Sonya E Debtor(s) | | Case No | | | | |
|---|----------------------------|---------------|---------|---|-----------|--|--|
| | | | Chap | ter | Chapter13 | | |
| | VERI | FICATION OF C | RED | ITOR MATRIX | K | | |
| The above named Debtors hereby verify that the attached list of creditors is true and correct to the best knowledge. | | | | | | | |
| | | | . = | | | | |
| Date: | 9/6/2018 | | | /s/ Tabisz, Sonya E Tabisz, Sonya E Signature of Debtor | 57 | | |

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| Debt | or 1 Sonya First Name | E Middle Name | Tabisz Last Name | Case number (if known) | | |
|------|---|--|--|---|-------------|--|
| 16. | | mily income that applies to | | | | |
| | 16a. Fill in the state in wh | | Illinois | | | |
| | | 28 28 20 20 20 20 20 20 20 20 20 20 20 20 20 | 4 | | | |
| | | people in your household. | | | ¢00 485 00 | |
| | household | nily income for your state and s | #************************************* | a list of applicable median income amounts, go online | \$96,485.00 | |
| | using the link specific | ed in the separate instructions | for this form. This list may | also be available at the bankruptcy clerk's office. | | |
| 17. | How do the lines compa | re? | | | | |
| | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2). | | | | | |
| | U.S.C. § 1325(b | | Calculation of Disposa | s box 2, Disposable income is determined under 11 ble Income (Official Form 122C-2). On line 39 of that | | |
| Part | 3: Calculate Your Co | mmitment Period Under | 11 U.S.C. §1325(b)(| 4) | | |
| 18. | Copy your total average | monthly income from line 1 | 1. | | \$3,495.26 | |
| 19. | | | | not filing with you, and you contend that calculating the ur spouse's income, copy the amount from line 13. | | |
| | 19a. If the marital adjustm | ent does not apply, fill in 0 on | line 19a. | | -\$0.00 | |
| | 19b. Subtract line 19a fr | om line 18. | | | \$3,495.26 | |
| 20. | Calculate your current n | nonthly income for the year. | Follow these steps: | | | |
| | 20a. Copy line 19b. | 7 | | | \$3,495.26 | |
| | Multiply by 12 (the n | umber of months in a year). | | | x 12 | |
| | 20b. The result is your cur | rent monthly income for the ye | ear for this part of the form | n. | \$41,943.12 | |
| | 20c. Copy the median fam | nily income for your state and s | size of household from lin | e 16c. | \$96,485.00 | |
| 21. | How do the lines compa | re? | | | | |
| | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. | | | | | |
| | | or equal to line 20c. Unless oneriod is 5 years. Go to Part 4. | therwise ordered by the co | ourt, on the top of page 1 of this form, check box | | |
| | | y | | | | |
| Part | 4: Sign Below | | | | | |
| | By signing here, I dec | lare under penalty of perjury th | at the information on this | statement and in any attachments is true and correct. | | |
| | 🗶 /s/ Sonya Tabi | | _ x | | | |
| | Signature of Debt | | _ | gnature of Debtor 2 | | |
| | | |) | g | | |
| | Date 9/6/2018 MM/DD/YY | <u></u> | D | MM/DD/YYYY | | |
| | | | | | | |
| | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above. | | | | | |
| | | | | | * | |